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Image# 11990031495

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2010 8 0 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. THOMAS CONWAY Type or Print Name of Treasurer Electronically Filed by THOMAS CONWAY 0 1 0 1 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/104

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

D D 0 1 08 2010 0 8 3 1 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 1495220.03 January 1 (b) Cash on Hand at 1430319.50 Begining of Reporting Period 86059.34 780294.29 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1516378.84 2275514.32 6(a) and 6(c) for Column B) 178174.44 937309.92 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1338204.40 1338204.40 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 104

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

м м 0 1 м°м 8 0 3 1 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 76327.00 647650.00 (i) Itemized (use Schedule A) 9704.00 132520.01 (ii) Unitemized (iii) TOTAL (add 86031.00 780170.01 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 86031.00 780170.01 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 28.34 124.28 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 86059.34 780294.29 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 86059.34 780294.29 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 104

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	2024 44	2442.19
	Expenditures(c) Total Operating Expenditures	2024.44	3442.18
	(add 21(a)(i), (a)(ii) and (b))	2024.44	3442.18
22.	Transfers to Affiliated/Other Party		
2	Committees Contributions to	0.00	0.00
.0.	Federal Candidates/Committees and Other Political Committees	87000.00	668010.00
4.	Independent Expenditure		
5	(use Schedule E)	64150.00	64150.00
J.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use serieulie i)		
6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	25000.00	201707.74
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
01	Total Dichurcomente (add Lines 21/a) 22		
) .	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	178174.44	937309.92
	20, 27, 20, 20, 27, 20(u), 20 and 50(c)).		33.330.02
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	4	007007.77
	from Line 31)	178174.44	937309.92

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	86031.00	780170.01
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	86031.00	780170.01
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2024.44	3442.18
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2024.44	3442.18

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 104 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Full Name (Last, First, Middle Initial) BASEM ABDELMALAK			Date of Receipt
Mailing Address 9500 EUCLID AVE DEPT OF ANES E-31			0 8 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.88767
CLEVELAND	ОН	44195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer CLEVELAND CLINIC FOUNDATI- ON	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	328.00	
Full Name (Last, First, Middle Initial) AMR ABOULEISH	Date of Receipt		
Mailing Address 4303 EVERGREEN ELI	M M / D D / Y Y Y Y Y Y O D D / 2010		
City	State	Zip Code	Transaction ID: SA11AI.88744
HOUSTON	TX	77059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer UNIVERSITY OF TEXAS MEDIC- AL BRANCH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
Full Name (Last, First, Middle Initial) BRUCE ADELMAN			Date of Receipt
Mailing Address 4896 WOODCLIFF HIL	L ROAD N	ORTH	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88737
WEST BLOOMFIELD	MI	48323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer HENRY FORD HOSPITAL WEST BLOOMFIELD	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
SUBTOTAL of Receipts This Page (optional)		······	123.00

				_			
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 104 (check only one)			
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed outlittary Fage	13 14 15 16 17			
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE 			
Α.	Full Name (Last, First, Middle Initial) TIMOTHY AIKEN			Date of Receipt			
	Mailing Address 3217 BROOKWOOD R	Mailing Address 3217 BROOKWOOD RD					
	City	State	Zip Code	Transaction ID: SA11Al.89258			
	BIRMINGHAM	AL	35223	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer ANESTHESIOLOGISTS ASSOC., P.C.	Occupation ANESTH	n HESIOLOGIST				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	1 1	500.00				
	Other (specify) ▼						
В.	Full Name (Last, First, Middle Initial) MOSES ALBERT			Date of Receipt			
	Mailing Address 10800 MIDLOTHIAN TO SUITE 265	08 / 01 / Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: SA11AI.88812			
	RICHMOND	VA	23235	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		41.00			
	Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES	Occupation ANESTH	n HESIOLOGIST				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	' '	295.00				
	Other (specify)	0 0	0 0 0 0 0 0 0				
С.	Full Name (Last, First, Middle Initial) HUGH ALLEN			Date of Receipt			
	Mailing Address 1924 46TH AVE SW			08 10 2010			
	City	State	Zip Code	Transaction ID: SA11AI.88944			
	SEATTLE	WA	98116	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer VIRGINIA MASON MEDICAL CE- NTER	Occupation PHYSIC					
	Receipt For:	Aggregate	e Year-to-Date 🔻	7			
	Primary General		500.00				
	Other (specify)						
Γ				1044 00			
L	SUBTOTAL of Receipts This Page (optional)		······	1041.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 8 / 104 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be so the name and address of a	old or used by any persony political committee to	
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLIT	ICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) THOMAS ALLISON	25.000		Date of Receipt
Mailing Address 14740 WATERCHA	SE BLVD. State Zip (Code	0 8 2 0 2 0 1 0 Transaction ID: SA11AI.89220
TAMPA	FL 336		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer ANES. ASSOC. OF PINELLAS COUNTY	Occupation ANESTHESIOLO)GIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) THOMAS ANDREWS			Date of Receipt
Mailing Address 1821 ALAQUA DR.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City	•	Code	Transaction ID: SA11AI.88839
LONGWOOD	FL 327	79	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.00
Name of Employer JLR MEDICAL GROUP, MAITLA- ND, FLORIDA	Occupation ANESTHESIOLC		
Receipt For: Primary General Other (specify)	Aggregate Year-to-D	254.00	
Full Name (Last, First, Middle Initial) GEORGE ASH			Date of Receipt
Mailing Address P.O. BOX 8305			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GADSDEN	State Zip (Code 02	Transaction ID: SA11AI.89130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer ANESTHESIA ASSOCIATES	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·		791.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 104 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pe the name and address of any political committee	
	HESIOLOGISTS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) WILLIAM BAKER		Date of Receipt
Mailing Address 4968 SPRING ROC City	State Zip Code	0 8 2 5 2 0 1 0 Transaction ID: SA11AI.89269
BIRMINGHAM	AL 35223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UAB DEPT. OF ANESTHESIOLO- GY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ARNA BANERJEE		Date of Receipt
Mailing Address DEPARTMENT OF 1211 21ST AVENU	08 01 2010	
City	State Zip Code TN 37212	Transaction ID: SA11AI.88776
NASHVILLE FEC ID number of contributing federal political committee.	TN 37212	Amount of Each Receipt this Period 83.00
Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) SHAWN BANKS		Date of Receipt
Mailing Address 601 NE 36TH ST A	PT 3407	0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>MIAMI</u>	State Zip Code FL 33137	Transaction ID: SA11AI.88803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
SUBTOTAL of Receipts This Page (optional	I)	666.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CAROLYN BANNISTER Mailing Address 5102 CHASTLETO	N DRIVE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City STONE MOUNTAIN FEC ID number of contributing	State Zip Code GA 30087	Transaction ID: SA11AI.88746 Amount of Each Receipt this Period
federal political committee. Name of Employer EMORY UNIVERSITY SCHOOL OF MEDICINE Receipt For: Primary General Other (specify) ▼	Occupation MD Aggregate Year-to-Date	83.00
Full Name (Last, First, Middle Initial) MICHAEL BARLOW Mailing Address 500 PINE RIDGE	ΓRL	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BIRMINGHAM FEC ID number of contributing federal political committee.	State Zip Code AL 35213	Transaction ID: SA11AI.88978 Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	500.00
Full Name (Last, First, Middle Initial) MATTHEW BARTON Mailing Address 244 HOLGERSON	RD.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SEQUIM FEC ID number of contributing federal political committee.	State Zip Code WA 98382	Transaction ID: SA11AI.89087 Amount of Each Receipt this Period 250.00
Name of Employer SELF Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date	
Primary General Other (specify) ▼		250.00
SUBTOTAL of Receipts This Page (option	al)	833.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 104 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANDREW BAUDO Mailing Address 627 W BUCKINGH	IAM PLACE UN	IT 1	Date of Receipt 0 8 0 1 2 0 1 0
City CHICAGO FEC ID number of contributing	State IL	Zip Code 60657	Transaction ID: SA11AI.88770 Amount of Each Receipt this Period 41.00
Receipt For: Primary Other (specify) ▼	Occupation ATTEND]
Full Name (Last, First, Middle Initial) JEFFREY BAUMBACH Mailing Address 2008 KING STABL	Date of Receipt 0 8 1 8 2 0 1 0		
City BIRMINGHAM FEC ID number of contributing federal political committee.	State AL	Zip Code 35242	Transaction ID: SA11AI.89164 Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED, PC Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) BRION BEERLE Mailing Address PO BOX 212289	I		Date of Receipt
City ANCHORAGE FEC ID number of contributing federal political committee.	State AK	Zip Code 99521	0 8
Name of Employer CHUGACH ANESTHESIA, LLC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)		1541.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	ny information copied from such Reports and $\$$ for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) EILEEN BEGIN			Date of Receipt
	Mailing Address 110 IRVING ST. NW a	#G-226 State	Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11AI.88805
	WASHINGTON	DC	20010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer WASHINGTON HOSPITAL CENTER	Occupation ANESTH	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 287.00	
_	Full Name (Last, First, Middle Initial) JAMES BENONIS			Date of Receipt
	Mailing Address 1031 WESTBURY DR	08 26 7 2010		
	City State Zip Code			Transaction ID: SA11AI.89281
	MATTHEWS	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PRESBYTERIAN ANESTHESIA ASSOCIATES	, '	ESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) DAVID BIEL			Date of Receipt
	Mailing Address 2216 MADISON AVE			08 01 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.88824
	CINCINNATI FEC ID number of contributing federal political committee.	OH C	45212	Amount of Each Receipt this Period 83.00
	Name of Employer ANESTHESIA ASSOC. OF CINC-	Occupation	n ESIOLOGIST ASSISTANT	
	INNATI Receipt For:		Year-to-Date ▼	\dashv
	Primary General Other (specify)	33 13.1.0	336.00	
Г		1		374.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 104 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WENDY BINSTOCK Mailing Address 1100 W MONTANA	.07	Date of Receipt
Mailing Address 1122 W MONTANA City	State Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11AI.88819
CHICAGO	IL 60614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 419.00]
Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER		Date of Receipt
Mailing Address 5014 ASCOT PAR	08 / 01 / 2010	
City	State Zip Code	Transaction ID: SA11AI.88755
TEMPLE	TX 76502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SCOTT WHITE MEMORIAL HOS- PITAL ANES. D	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00]
Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
Mailing Address 2000 SPRUCE DR		0 8 1 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.89055
LAFAYETTE	IN 47905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer ANESTHESIOLOGY ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
SUBTOTAL of Receipts This Page (optional	l)	216.00
TOTAL This Period (last page this line num	ber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 104 (check only one) X 11a
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK Mailing Address 2000 SPRUCE DR			Date of Receipt
		Chaha	7:- Oodo	08 30 2010
	City <u>LAFAYETTE</u>	State IN	Zip Code 47905	Transaction ID: SA11AI.89366 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer ANESTHESIOLOGY ASSOC	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1425.00	
– В.	Full Name (Last, First, Middle Initial) JASPER BOOKER			Date of Receipt
	Mailing Address 2151 OLD ROCKY RI	08 11 2010		
	City	State	Zip Code	Transaction ID: SA11AI.88979
	BIRMINGHAM FEC ID number of contributing federal political committee.	C	35216	Amount of Each Receipt this Period 500.00
	Name of Employer ANES. SERV. OF BIRMINGHAM P C	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) JUAN BOTERO			Date of Receipt
	Mailing Address 2950 CLEVELAND CL DEPT. OF ANES.	LINIC BLVD		08 01 2010
	City WESTON	State FL	Zip Code 33331	Transaction ID: SA11AI.88740 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer CLEVELAND CLINIC, FLORIDA	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 328.00	
	SUBTOTAL of Receipts This Page (optional)	1		591.00
T	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 104 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GREGORY BOUSKA		Date of Receipt
Mailing Address 3000 BOGEY CIR SI	Ē	08 01 2010
City	State Zip Code	Transaction ID: SA11AI.88739
OWENS CROSS ROADS	AL 35763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.00
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 668.00	
Full Name (Last, First, Middle Initial) GREGORY BOUSKA	1	Date of Receipt
Mailing Address 3000 BOGEY CIR SI	0 8 0 1 2 0 1 0	
City	State Zip Code	Transaction ID: SA11Al.88846
OWENS CROSS ROADS	AL 35763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 751.00]
Full Name (Last, First, Middle Initial) MARK BRADY		Date of Receipt
Mailing Address 9403 W. 146TH PL.		0 8 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.88748
OVERLAND PARK	KS 66221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
SUBTOTAL of Receipts This Page (optional)		249.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
2	AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial)	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
۸.	NORMAN BRAHEN Mailing Address 9263 MEDICAL PLAZA	Date of Receipt 0 8 1 5 2 0 1 0		
	City CHARLESTON	State SC	Zip Code 29406	Transaction ID: SA11AI.89101 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF	Occupation ANESTH	n HEESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) CLAUDE BRUNSON Mailing Address 2500 N STATE ST	<u> </u>		Date of Receipt
	City	State	Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11Al.88816
	JACKSON MS FEC ID number of contributing federal political committee. C		39216	Amount of Each Receipt this Period
				83.00
	Name of Employer UNIV OF MISSISSIPPI MED CTR	. '	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 419.00	
- :.	Full Name (Last, First, Middle Initial) JOHN BULLINGTON			Date of Receipt
	Mailing Address 2151 OLD ROCKY RII	08 11 2010		
	City BIRMINGHAM	State AL	Zip Code 35216	Transaction ID: SA11AI.88980 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer ANES. SERV. OF BIRMINGHAM PC		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1083.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 104 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial) JAMES BURKMAN	SIOLOGIST	S POLITICAL ACTION COM	Date of Receipt
	Mailing Address 601 BELMONT AVE E City SEATTLE	State WA	Zip Code 98102	Transaction ID: SA11AI.88934 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30102	250.00
	Name of Employer PHYSICIANS ANESTHESIA SER- VICE Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) RUTH BURSTROM Mailing Address 1538 EAGLE RIDGE I	PL.,N.E.		Date of Receipt 0 8 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89205
	ALBUQUERQUE FEC ID number of contributing federal political committee.	C	87122	Amount of Each Receipt this Period 250.00
	Name of Employer UNIVERSITY OF NM SCHOOL OF MED. Receipt For:	, '	n HESIOLOGIST e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	250.00	
_	Full Name (Last, First, Middle Initial) TROY CALDWELL	1		Date of Receipt
	Mailing Address 1704 NW 179TH TER	08 26 2010		
	City EDMOND	State OK	Zip Code 73012	Transaction ID: SA11AI.89277
	FEC ID number of contributing federal political committee.	C	73012	Amount of Each Receipt this Period 1000.00
	Name of Employer TROY CALDWELL, MD PC	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
	SUBTOTAL of Receipts This Page (optional)			1500.00
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 104 (check only one) X 11a		
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Fill)	Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	` '	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI				
Α.	Full Name (Last, First, Middle Initial) JAMES CARLSEN	V DD		Date of Receipt		
	Mailing Address 1958 COMMON WA			08 01 7 2010		
	City ORLANDO	State FL	Zip Code 32814	Transaction ID: SA11AI.88838 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	OLOTT	41.00		
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTH	n HESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 254.00			
В.	Full Name (Last, First, Middle Initial) ANTONIO CASSARA Mailing Address 1000 MURD AVIIII	Date of Receipt				
	Mailing Address 1236 MURRAY HILL	08 01 2010				
	City PITTSBURGH	State PA	Zip Code	Transaction ID: SA11AI.88771		
	FEC ID number of contributing federal political committee.	C	15217	Amount of Each Receipt this Period 83.00		
	Name of Employer UPMC CHILDRENS	Occupation RESIDE				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 664.00			
– C.	Full Name (Last, First, Middle Initial) MARTYN CAVALLO			Date of Receipt		
	Mailing Address 110-29TH AVE. NOF	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City NASHVILLE	State TN	Zip Code 37203	Transaction ID: SA11AI.88745 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	0.200	41.00		
	Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTH	n HESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00			
	SUBTOTAL of Receipts This Page (optional)			165.00		
	TOTAL This Period (last page this line numb		<u> </u>			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mag name and ad	y not be sold or used by any perso dress of any political committee to	
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JAMES CHANEY			Date of Receipt
Mailing Address 3452 OAK CANYON D	DRIVE		08 30 2010
City	State	Zip Code	Transaction ID: SA11AI.89350
BIRMINGHAM	AL	35243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED, P.C.	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
Full Name (Last, First, Middle Initial) JOHN CHATELAIN	1		Date of Receipt
Mailing Address 1319 S.9TH ST.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.88786
<u>FARGO</u>	ND	58103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer MERITCARE MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
Full Name (Last, First, Middle Initial) EDWARD CHEN	1		Date of Receipt
Mailing Address 4569 CLEARWATER H	0 8 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.89214
LARGO	<u>FL</u>	33770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00
Name of Employer ANES ASSOC OF PINELLAS CO- UNTY	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
SUBTOTAL of Receipts This Page (optional)	1)	791.00

Apy information capied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
SAMUEL CHERRY Mailing Address 149 LUCERNE BLVD City State Zip Code AL 35299 FEC ID number of contributing federal political committee. C C Cocupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ C C C C C C C C C C C C C C C C C C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee	e to solicit contributions from such committee.
Date of Receipt	SAMUEL CHERRY Mailing Address 149 LUCERNE BLVD City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer BIRMINGHAM VA MEDICAL CENTER Receipt For: Primary General	AL 35209 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Transaction ID: SA11AI.88815 Amount of Each Receipt this Period
ELIAS CHUA Mailing Address 113 CENTRENEST LN. City State Zip Code WILMINGTON DE 19807 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Receipt For: Primary General Other (specify) ▼ Date of Receipt M*M / D*D / 25 / 2010 Transaction ID: SA11AI.89263 Amount of Each Receipt this Period 1000.00	JIEUN CHOI Mailing Address 22 KILMER DR City HILLSBOROUGH FEC ID number of contributing federal political committee. Name of Employer ACNJ Receipt For: Primary General	NJ 08844 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Transaction ID: SA11AI.89083 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	ELIAS CHUA Mailing Address 113 CENTRENEST LN City WILMINGTON FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Receipt For: Primary General	State Zip Code DE 19807 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Transaction ID: SA11AI.89263 Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional)		1625.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 104 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBIN CONNER	HESIOLOGISTS FOLITICAL ACTION COM	Date of Receipt
Mailing Address 2151 OLD ROCKY	08 11 2010	
City BIRMINGHAM	State Zip Code AL 35216	Transaction ID: SA11AI.88981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ANTHONY COOK		Date of Receipt
Mailing Address 2151 OLD ROCKY	0 8 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.88982
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35216	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM, PC Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PAULA CRAIGO		Date of Receipt
Mailing Address DEPARTMENT OF 200 FIRST STREE	08 16 2010	
City ROCHESTER	State Zip Code MN 55905	Transaction ID: SA11AI.89113 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MAYO CLINIC COLLEGE OF ME- DICINE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	al)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 104 (check only one) X 11a			
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	solicit contributions from such committee.			
	AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI				
Full Name (Last, First, Middle Initial) STEVEN CROY Mailing Address 20 ENDICOTT LN.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.88925			
HIGHWOOD FEC ID number of contributing federal political committee.	IL 60040	Amount of Each Receipt this Period 1000.00			
Name of Employer ANESTHESIA CONSULTANTS LTD	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) DAVID CUTTING Mailing Address 1889 FISH HATCHEF	DV COLIDT	Date of Receipt			
City PALM HARBOR	State Zip Code FL 34684	Transaction ID: SA11AI.89218 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer ANES ASSOC OF PINELLAS CO- UNTY	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) VINCENT DEGENHART		Date of Receipt			
Mailing Address 415 HARDEN ST.		0 8 0 1 2 0 1 0			
City COLUMBIA	State Zip Code SC 29205	Transaction ID: SA11AI.88785 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.00			
Name of Employer CRITICAL HEALTH SYSTEMS	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00				
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1291.00			
TOTAL This Period (last page this line numbe	r only)				

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS POLITICAL ACTION CO	MMITTEE		
Full Name (Last, First, Middle Initial) ASHOK DESAI	Date of Receipt			
Mailing Address 6 SANDRA DR.	M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City EDISON	State Zip Code NJ 08820	Transaction ID: SA11AI.89079		
FEC ID number of contributing federal political committee.	NJ 08820	Amount of Each Receipt this Period 500.00		
Name of Employer ACNJ	Occupation ANAESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ Mailing Address 7915 SW 55 AVENU	E	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	City State Zip Code			
MIAMI	FL 33143	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.00		
Name of Employer UNIVERSITY OF MIAMI MEDIC- AL GROUP	Occupation PHYSICIAN			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	664.00			
Full Name (Last, First, Middle Initial) DENISE DRVOL		Date of Receipt		
Mailing Address 3330 N. 129TH CIRC	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City OMAHA	State Zip Code NE 68164	Transaction ID: SA11AI.88861		
FEC ID number of contributing federal political committee.	C 68104	Amount of Each Receipt this Period 250.00		
Name of Employer CHILDRENS SPECIALITY PHYS- ICIANS	Occupation PEDIATRIC ANESTHESIOLOGIS	г		
Receipt For: Primary General	Aggregate Year-to-Date ▼	_		
Other (specify)	250.00			
SUBTOTAL of Receipts This Page (optional)		833.00		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 104 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma ne name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	IMITTEE		
∠ A .	Full Name (Last, First, Middle Initial) MICHAEL DULITZ	Date of Receipt		
	Mailing Address 9465 E CHARTER O	08 / 12 / Y Y Y Y Y Y		
	City SCOTTSDALE	State AZ	Zip Code 85260	Transaction ID: SA11AI.89075 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) GEORGE DUMAS			Date of Receipt
	Mailing Address 2151 OLD ROCKY R	0 8 1 1 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.88983
	BIRMINGHAM FEC ID number of contributing federal political committee.	C	35216	Amount of Each Receipt this Period 500.00
	Name of Employer ANESTHESIA SERV. OF BIRMI- NGHAM, P.C.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) TIMOTHY DUTTON	Date of Receipt		
	Mailing Address 2 OCEANWOOD DR	IVE		M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City SCARBOROUGH	State ME	Zip Code 04074	Transaction ID: SA11AI.89147
	FEC ID number of contributing federal political committee.	C	04074	Amount of Each Receipt this Period 250.00
	Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
F	TOTAL This Period (last page this line numbe			

A.

В.

C.

			FOR LINE NUMBER. BACE of /404			
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 104 (check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 17			
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) JAN DUVOISIN	,					
Mailing Address 5301 GULF BLVD APT	Mailing Address 5301 GULF BLVD APT C609					
City	State	Zip Code	Transaction ID: SA11AI.89208			
ST PETE BEACH	<u>FL</u>	33706	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer ANES ASSOC OF PINELLAS CO- UNTY	Occupatio ANESTH	n IESIOLOGIST				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		250.00				
Full Name (Last, First, Middle Initial) JOHN EBERT			Date of Receipt			
Mailing Address 5910 PROVIDENCE C	OUNTRY C		08 30 7 2010			
City	State	Zip Code	Transaction ID: SA11AI.89359			
<u>CHARLOTTE</u>	NC	28277	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer PRESBYTERIAN ANESTHESIA ASSOC, PA	Occupatio ANESTH	n IESIOLOGIST				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	250.00]			
Full Name (Last, First, Middle Initial) PAUL ELLIOTT			Date of Receipt			
Mailing Address 2151 OLD ROCKY RID	GE RD.		08 11 2010			
City	State	Zip Code	Transaction ID: SA11AI.88984			
BIRMINGHAM	AL	35216	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupatio ANESTH	n IESIOLOGIST				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		500.00]			
SUBTOTAL of Receipts This Page (optional)			1000.00			
JUDITOTAL OF NECERPLS THIS Page (optional)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 104 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	v not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) KENNETH ELMASSIAN			Date of Receipt
Mailing Address 2399 PINE HOLLOW	/ DR.		08 01 2010
City	State	Zip Code	Transaction ID: SA11AI.88784
EAST LANSING	MI	48823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer INGHAM REGIONAL MEDICAL CENTER	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	664.00	
Full Name (Last, First, Middle Initial) JESSE EPPS			Date of Receipt
Mailing Address 2341 MCCALLIE AV	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.88821
<u>CHATTANOOGA</u>	TN	37404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 419.00	
Full Name (Last, First, Middle Initial) ROBERT EPSTEIN			Date of Receipt
Mailing Address 144 STATE ST.			0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.89121
PORTLAND	ME	04101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SPECTRUM MEDICAL GROUPL	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			416.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 104 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LUIS ESPARZA Mailing Address 2810 N SWAN RD S City TUCSON FEC ID number of contributing federal political committee.	State AZ	Zip Code 85712	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer OLD PUEBLO ANESTH Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST • Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) ELLIOTT FARBER Mailing Address 4535 E QUARTZ MC	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
City PARADISE VALLEY	State AZ	Zip Code 85253	Transaction ID: SA11AI.89304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00
Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS, LTD Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RITCHIE FEVRIER Mailing Address 9837 GLADIOLUS BULB LOOP			Date of Receipt 0 8 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.88773
FORT MYERS FL FEC ID number of contributing federal political committee.		33908	Amount of Each Receipt this Period 41.00
Name of Employer MEDICAL ANESTHESIA AND PA- IN MANAGEMENT Receipt For: Primary General	- 	n IESIOLOGIST e Year-to-Date ▼	1
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)			341.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
۱.	Full Name (Last, First, Middle Initial) SCOTT FIELDEN Mailing Address 3010 W CHARLESTON	N RI VD STI	F 150	Date of Receipt
	City	State	Zip Code	0 8 0 3 2 0 1 0 Transaction ID: SA11AI.88873
	LAS VEGAS	NV	89102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC. CREDE	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	581.00	
3.	Full Name (Last, First, Middle Initial) WILLIAM FITZPATRICK			Date of Receipt
	Mailing Address 2151 OLD ROCKY RID	08 11 2010		
	City	State	Zip Code	Transaction ID: SA11AI.88985
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
- ;.	Full Name (Last, First, Middle Initial) MICHAEL FLANAGAN			Date of Receipt
	Mailing Address P.O. BOX 9011			0 8 1 5 2 0 1 0
	City DOTHAN	State AL	Zip Code 36304	Transaction ID: SA11AI.89106 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTH CONSULT MED GRP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional))	1083.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any pers an using the name and address of any political committee to	
AMERICAN SOCIETY OF A	NESTHESIOLOGISTS POLITICAL ACTION COM	/MITTEE
Full Name (Last, First, Middle Initi	<u></u>	Date of Receipt
Mailing Address P.O. BOX 90 City	State Zip Code	0 8 1 5 2 0 1 0 Transaction ID: SA11Al.89107
DOTHAN	AL 36304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTH CONSULT MED GRP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initi MICHAEL FLANAGAN	Date of Receipt	
Mailing Address 104 WILDFL	0 8 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.89135
DOTHAN	AL 36305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-500.00
Name of Employer	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	-500.00	
Full Name (Last, First, Middle Initi RICHARD FLOWERDEW	Date of Receipt	
Mailing Address 38 HEDGER	08 / 01 / Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.88783
FALMOUTH FEC ID number of contributing federal political committee.	ME 04105	Amount of Each Receipt this Period 83.00
Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
OUDTOTAL (CD.) STATE DOOR	(optional)	83.00

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 104 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WILLIAM FRAME			Date of Receipt
Mailing Address 2300 N EDWARD DEPT. OF ANESTH	M M / D D / Y Y Y Y Y O D D / 2010		
City DECATUR	State IL	Zip Code 62526	Transaction ID: SA11AI.88789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF DECATU	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) PHILLIP GEIGER	Date of Receipt		
Mailing Address 1908 W BERKSHIF	0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City HANFORD	State CA	Zip Code 93230	Transaction ID: SA11AI.88826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30230	41.00
Name of Employer US NAVY	Occupation	n ESIOLOGIST	-
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 328.00	
Full Name (Last, First, Middle Initial) BARBARA GOLD			Date of Receipt
Mailing Address 4751 GIRARD AVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City MINNEAPOLIS	State MN	Zip Code 55419	Transaction ID: SA11AI.89159 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33713	250.00
Name of Employer UNIVERSITY OF MINNESOTA Occupatio PHYSICI			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		374.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 104 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) MARK GOODMAN			Date of Receipt
Mailing Address 14813 HOLLYHOCK	(DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.89288
OKLAHOMA CITY	OK	73142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AFFILIATED ANESTHESIOLOGI- STS, INC.	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) ANDREW GOODRICH			Date of Receipt
Mailing Address 1304 OAK ST.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88884
MELBOURNE	FL	32901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer BREVARD ANESTHESIA SERVIC- ES, P.A.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOSEPH GUNSELMAN			Date of Receipt
Mailing Address 920 W. COMSTOCK	0 8 1 6 2 0 1 0		
City	State	Zip Code	Transaction ID: SA11AI.89119
SPOKANE	WA	99203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ROBERT KARL CELLARS, LLC	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional))		2000.00

Any or fo			Detailed Summary Page	X 11a 11b 11c 12 15 16
I 1	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
\angle		DIOLOGIOTO	ST CEITICAL ACTION COM	- I
	ull Name (Last, First, Middle Initial) :LIZABETH HADDAD			Date of Receipt
N	Mailing Address 3505 N. 14TH ST.			08 05 2010
C	ity	State	Zip Code	Transaction ID: SA11AI.88895
<u> </u>	ARLINGTON	VA	22201	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
_	lame of Employer OMINION ANESTHESIA	Occupation ANESTH	n IESIOLOGIST	
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) AMAL HAKIM			Date of Receipt
_	failing Address 2699 LEE RD STE 510	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
C	ity	State	Zip Code	Transaction ID: SA11AI.89318
<u>V</u>	VINTER PARK	FL	32789	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N A	lame of Employer GO	Occupation ANESTH	n IESIOLOGIST	
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) AMES HALE			Date of Receipt
N	failing Address 2151 OLD ROCKY RIE	DGE RD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: SA11AI.88986
<u>E</u>	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		500.00
	ame of Employer NES. SERV. OF BIRMINGHAM C	Occupation ANESTH	n IESIOLOGIST	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 104 (check only one) X 11a
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) AARON HAMMOND	N/E 0.TE 4		Date of Receipt
	Mailing Address 3390 N. CAMPBELL A	AVE., STE. 1		08 01 4 2010
	City TUCSON	State AZ	Zip Code 85719	Transaction ID: SA11AI.88825
	FEC ID number of contributing federal political committee.	C	83719	Amount of Each Receipt this Period 83.00
	Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 664.00	
— В.	Full Name (Last, First, Middle Initial) AARON HAMMOND	Date of Receipt		
	Mailing Address 3390 N. CAMPBELL A	08 09 2010		
	City	Zip Code	Transaction ID: SA11AI.88933	
	TUCSON FEC ID number of contributing federal political committee.	C	85719	Amount of Each Receipt this Period 4.00
	Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 668.00	
 C.	Full Name (Last, First, Middle Initial) MICHAEL HANEY	Date of Receipt		
	Mailing Address 800 E. DAWSON	08 02 7 2010		
	City TYLER	State TX	Zip Code 75701	Transaction ID: SA11AI.88866 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	73701	500.00
	Name of Employer TRINITY CLINIC ANESTHESIO- LOGY	, '	HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			587.00
	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEVEN HATTAMER Mailing Address 8 PROSPECT STRE	FT		Date of Receipt
		7: 0 1	08 01 2010
City NASHUA	State NH	Zip Code 03060	Transaction ID: SA11AI.88797 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer NASHUA ANESTHESIA PARTNERS	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00]
Full Name (Last, First, Middle Initial) PETER HAYNAL			Date of Receipt
Mailing Address 1711 RIVER RIDGE	DR		M M / D D / Y Y Y Y Y O D D / 2010
City	State	Zip Code	Transaction ID: SA11AI.88759
SPRING VALLEY FEC ID number of contributing federal political committee.	OH C	45370	Amount of Each Receipt this Period 41.00
Name of Employer KETTERING ANESTHESIA ASSO- CIATES	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
Full Name (Last, First, Middle Initial) JAMES HELMAN			Date of Receipt
Mailing Address 8205 E MERCER WA	AY		08 17 2010
City	State	Zip Code	Transaction ID: SA11AI.89138
MERCER ISLAND FEC ID number of contributing	WA	98040	Amount of Each Receipt this Period
federal political committee.	C		500.00
Name of Employer VIGINIA MASON MEDICAL CEN- TER	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		624.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	or for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS POLITICAL ACTION CC	MMITTEE
۷.	Full Name (Last, First, Middle Initial) PETER HENDRICKS		Date of Receipt
	Mailing Address 1590 PANORAMA D	08 / 01 / 2010	
	City BIRMINGHAM	State Zip Code AL 35216	Transaction ID: SA11AI.88760 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer SELF	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
_ 3.	Full Name (Last, First, Middle Initial) ROBERT HENRY	Date of Receipt	
	Mailing Address 3104 BLUE LAKE DF	0 8 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.88919
	BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35243	Amount of Each Receipt this Period 500.00
	Name of Employer ANES. ASSOCIATED, P.C.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_ :.	Full Name (Last, First, Middle Initial) THOMAS HERFURTH	Date of Receipt	
	Mailing Address 3826 8TH STREET F	0 8 1 9 2 0 1 0	
	City HICKORY	State Zip Code NC 28601	Transaction ID: SA11AI.89196
	FEC ID number of contributing federal political committee.	C 20001	Amount of Each Receipt this Period 250.00
	Name of Employer UNIFOUR ANESTHESIA ASSOCI- ATES	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	CURTOTAL of Descripto This Descriptoral		833.00

	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Report for commercial purposes, other than	orts and Statements may not be sold or used by any person using the name and address of any political committee to	h 13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF AN	IESTHESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initia	,	Date of Receipt
Mailing Address 116 HAVERF City	0 8 0 1 2 0 1 0 Transaction ID: SA11Al.88795	
<u>PITTSBURGH</u>	State Zip Code PA 15228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UPMC MERCY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initia CHARLES HIGGINS])	Date of Receipt
Mailing Address MAINE MED. ANES. DEPT.	08 18 2010	
City PORTLAND	State Zip Code ME 04102	Transaction ID: SA11AI.89174
FEC ID number of contributing federal political committee.	ME 04102	Amount of Each Receipt this Period 250.00
Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTHESIOLOGIST	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initia CHRIS HILLMAN		Date of Receipt
Mailing Address 232 NARROV	08 05 2010	
City BIRMINGHAM	State Zip Code AL 35242	Transaction ID: SA11AI.88888
·	AL 35242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIOLOGISTS ASSOC. P.C.	ANESTRESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	833.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 104 (check only one) X 11a 11b 11c 12
Any information copied from such Re	ports and Statements may not be sold or used by any person	n for the purpose of soliciting contributions
	n using the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF AI	NESTHESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initia A. RICHARD HINDIN	al)	Date of Receipt
Mailing Address 1116 WEBS	ΓER DR.	0 8 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.89128
WILMINGTON	DE 19803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA SERVICES, PA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia B. TIMOTHY HOUSEMAN	al)	Date of Receipt
Mailing Address PO BOX 102	5	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.88840
FAIRHOPE	AL 36533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer EASTERN SHORE ANESTHESI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	295.00	
Full Name (Last, First, Middle Initia C. MADELEINE HSU	al)	Date of Receipt
Mailing Address 63 WOODMA	AN LN	0 8 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.89115
BASKING RIDGE	NJ 07920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SUMMIT ANESTHESIA ASSOCI TES	A- Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page ((optional)	541.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any per te name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEFFREY HUANG Mailing Address 2699 LEE RD STE 5 City WINTER PARK FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGISTS OF GREATER ORLANDO Receipt For:	State Zip Code FL 32789 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) WILLIAM HURFORD	500.00	Date of Receipt
Mailing Address DEPARTMENT OF A 231 ALBERT SABIN City CINCINNATI		Transaction ID: SA11AI.88791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	41.00
Name of Employer UNIVERSITY OF CINCINNATI MEDICAL CENTE Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 328.00	
Full Name (Last, First, Middle Initial) KELLY HYDE Mailing Address 421 OAKWOOD DR		Date of Receipt
Mailing Address 421 OAKWOOD DR City	State Zip Code	0 8 1 8 2 0 1 0 Transaction ID: SA11Al.89145
DOTHAN FEC ID number of contributing federal political committee.	AL 36303	Amount of Each Receipt this Period 1000.00
Name of Employer ACMG	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		1541.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 39 / 104 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be name and address o	e sold or used by any pers f any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POL	ITICAL ACTION COM	MMITTEE
۷.	Full Name (Last, First, Middle Initial) RANDY IDLER			Date of Receipt
	Mailing Address 300 S. ARLINGTON			08 / 30 / 2010
	City RENO		p Code 9501	Transaction ID: SA11AI.89353 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	9501	500.00
	Name of Employer	Occupation ANESTHESIO	LOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) JEFFREY JACOBS			Date of Receipt
	Mailing Address 11041 PINE LODGE	TRAIL		08 01 2010
	City DAVIE		p Code	Transaction ID: SA11AI.88768
	FEC ID number of contributing federal political committee.	C	3328	Amount of Each Receipt this Period 41.00
	Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTHESIO	LOGIST	
	Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 328.00	
. –	Full Name (Last, First, Middle Initial) ALIRAZA JAFFER			Date of Receipt
	Mailing Address 5070 BROOKDALE F	ROAD		08 01 2010
	City BLOOMFIELD HILLS		p Code 8304	Transaction ID: SA11AI.88764 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1	83.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIO		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 664.00	
	SUBTOTAL of Receipts This Page (optional)			624.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 104 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	MITTEE
Δ.	Full Name (Last, First, Middle Initial) DANIEL JANIK			Date of Receipt
	Mailing Address 15605 E PRENTICE	DR		08 / 01 / 2010
	City CENTENNIAL	State CO	Zip Code 80015	Transaction ID: SA11AI.88794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer UNIVERSITY OF COLORADO	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00	
- 3.	Full Name (Last, First, Middle Initial) CYNTHIA JENSON			Date of Receipt
	Mailing Address 434 MAIN ST.			08 18 2010
	City WATERVILLE	State ME	Zip Code 04901	Transaction ID: SA11AI.89186
	FEC ID number of contributing federal political committee.	C	04301	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTHESIA ASSOCIATES OF LEWISTON	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
-).	Full Name (Last, First, Middle Initial) JOEL JOHNSON			Date of Receipt
	Mailing Address 2025 SOUTHERN LI	GHT DR.		08 30 Y Y Y Y Y Y
	City LINCOLN	State NE	Zip Code 68512	Transaction ID: SA11AI.89337 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00012	500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC		HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		I	833.00
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	833.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL JOHNSON Mailing Address 39 WOODMERE DR. City DOTHAN FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP, Receipt For: Primary General Other (specify)	State Zip Code AL 36305 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) PHILIP KALARICKAL Mailing Address 1415 TULANE AVE., S DEPT. OF ANESTHES City NEW ORLEANS FEC ID number of contributing federal political committee. Name of Employer TULANE UNIVERSITY HOSP. AND CLINIC Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.89153 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) STEVEN KAPLA Mailing Address 1101 W CLAIREMONT City EAU CLAIRE FEC ID number of contributing federal political committee. Name of Employer EAU CLAIRE ANESTHESIOLOGI- STS Receipt For: Primary General Other (specify)	State Zip Code WI 54701 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M C D D C 2 0 1 0 Transaction ID: SA11AI.88736 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	•	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the (check only one)
		13 14 15 16 1
or for commercial purposes, other than using	d Statements may not be sold or used the name and address of any political	d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS POLITICAL AC	CTION COMMITTEE
Full Name (Last, First, Middle Initial) TRIPTI KATARIA		Date of Receipt
Mailing Address 130 S CANAL ST	APT 419	08 / 01 / Y Y Y Y Y Y
City CHICAGO	State Zip Code IL 60606	Transaction ID: SA11AI.88761 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY OF CHICAGO	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	664.00
Full Name (Last, First, Middle Initial) JONATHAN KENTROS		Date of Receipt
Mailing Address 3104 BLUE LAKE I	DR., #110	0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BIRMINGHAM	State Zip Code AL 35243	Transaction ID: SA11AI.89110
FEC ID number of contributing federal political committee.	AL 35243	Amount of Each Receipt this Period 500.00
Name of Employer ANES. ASSOCIATED, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE	l	Date of Receipt
Mailing Address MAIL CODE 7838 7703 FLOYD CURI	. DRIVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAN ANTONIO	State Zip Code TX 78229	Transaction ID: SA11AI.88790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer UTHSCSA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00
SUBTOTAL of Receipts This Page (optional	I)	708.00
TOTAL This Period (last page this line num	ber only)	<u> </u>

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANES	STHESIOLOGISTS POLITICAL ACTION COMP	MITTEE
Full Name (Last, First, Middle Initial) RUBIN KESNER		Date of Receipt
Mailing Address 35 HEARTHSTO		08 01 2010
City GANSEVOORT	State Zip Code NY 12831	Transaction ID: SA11AI.88742 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer ANESTHESIA GROUP OF ALBANY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) EDWIN KEZAR		Date of Receipt
Mailing Address 2151 OLD ROC	KY RIDGE RD., #106	08 11 7 2010
City BIRMINGHAM	State Zip Code AL 35216	Transaction ID: SA11AI.88987
FEC ID number of contributing federal political committee.	AL 35216	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) HAROLD KIAMZON		Date of Receipt
Mailing Address 100 LUKE ST		0 8 27 2 0 1 0
City SOUTH AMBOY	State Zip Code NJ 08879	Transaction ID: SA11AI.89299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupation ATTENDING ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti	onal)	1083.00
TOTAL This Period (last page this line r	number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 104 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to a solution solution solution.	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HYON KIM Mailing Address 285 DAVIDSON AVE City SOMERSET FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY, Receipt For:	State Zip Code NJ 08873 C Occupation PHYSICIAN	Date of Receipt M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KEVIN KINKEAD Mailing Address 1776 MCCONNELL D		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WILLIAMSPORT FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES OF WILLIAMSPORT Receipt For: Primary General Other (specify) ▼	State Zip Code PA 17701 C Occupation PHYSICIAN Aggregate Year-to-Date 340.00	Transaction ID: SA11AI.88842 Amount of Each Receipt this Period 166.00
Full Name (Last, First, Middle Initial) STEPHEN KLEIN Mailing Address ANES. ASSOCIATED City BIRMINGHAM	O, P.C. State Zip Code AL 35243	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer TRINITY HOSPITAL Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	500.00
SUBTOTAL of Receipts This Page (optional)		1166.00

A.

В.

C.

			FOR LINE NUMBER DAGE 45 464
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 104 (check only one)
		for each category of the	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GEORGE KORONES			Date of Receipt
Mailing Address 2191 MUIRFIELD WAY	,		M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O
City	State	Zip Code	Transaction ID: SA11AI.89216
OLDSMAR	FL	34677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.4077	250.00
Name of Employer ANES ASSOC OF PINELLAS CO- UNTY	Occupatio ANESTH	n IESIOLOGIST	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) DAVID KRHOVSKY			Date of Receipt
Mailing Address 2248 SHAWNEE S.E.			08 01 2010
City	State	Zip Code	Transaction ID: SA11AI.88807
GRAND RAPIDS	MI	49506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS PC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼	0 0	664.00	
Full Name (Last, First, Middle Initial) JAMES KU			Date of Receipt
Mailing Address 726 RIVER RD.			08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88863
HILLSBOROUGH	NJ	08844	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			583.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHANG KWEON Mailing Address 105 GREENE ST A City JERSEY CITY FEC ID number of contributing federal political committee. Name of Employer SUMMIT ANESTHESIA ASSOCIA-	State Zip Code NJ 07302 C Occupation	Date of Receipt M M M
TES Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) HUNG-CHI KWOK Mailing Address 2732 MUIR WOOD City	S DR., SE State Zip Code	Date of Receipt 0 8 2 3 2 0 1 0
HAMPTON COVE FEC ID number of contributing federal political committee.	AL 35763	Amount of Each Receipt this Period 150.00
Name of Employer ALABAMA ANES. OF HUNTSVIL- LE, LLC Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 1200.00	
Full Name (Last, First, Middle Initial) TIMOTHY LAIR Mailing Address 6304 CRESTVIEW	DRIVE	Date of Receipt
City SHAWNEE	State Zip Code KS 66218	Transaction ID: SA11AI.88939 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MWA	Occupation MD	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	900.00

City State Zip Code ANCHORAGE AK 99507 FEC ID number of contributing federal political committee. Name of Employer PAAMG Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Hours of Employer ALS Side Side Side Side Side Side Side Sid	GE 47 / 104 12 16	\vdash \vdash \vdash	Use separate schedule(s) for each category of the Detailed Summary Page	1 3X)	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	
Full Name (Last, First, Middle Initial) A. Malling Address 6355 KALMIA DR City State Zip Code AK 99507 FEC ID number of contributing federal political committee. Name of Employer PAAMS Other (specify) ▼ Cocupation AL 35243 FEC ID number of contributing federal political committee. Date of Receipt Tor: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) MIGHAEL LATHEM Mailing Address 3104 BLUE LAKE DR., #110 City State Zip Code AL 35243 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST AMOUNT of Each Receipt this Peri Date of Receipt Anount of Each Receipt this Peri Date of Receipt Anount of Each Receipt this Peri Date of Receipt Anount of Each Receipt this Peri Date of Receipt Anount of Each Receipt this Peri Date of Receipt Anount of Each Receipt this Peri	ntributions ommittee.	solicit contributions from such committee	lress of any political committee to	using the name and add	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	
Receipt For: Primary		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Zip Code 99507	DR State AK C	Full Name (Last, First, Middle Initial) MARY LANZA Mailing Address 6355 KALMIA DR City ANCHORAGE FEC ID number of contributing federal political committee.	A .
Milling Address 3104 BLUE LAKE DR., #110 City State Zip Code AL 35243 FEC ID number of contributing federal political committee. Name of Employer ANES. ASSOC., P.C. ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) RICHARD LAYMAN Mailing Address 6431 FANNIN ST STE 5.196 DEPT OF ANESTHESIOLOGY City State Zip Code Transaction ID: SA11Al.88814 Amount of Each Receipt this Perior Source ANESTHESIOLOGY Transaction ID: SA11Al.88814 Date of Receipt Transaction ID: SA11Al.88814 Amount of Each Receipt this Perior Source ANESTHESIOLOGY Transaction ID: SA11Al.88814 Amount of Each Receipt Transaction		_	ESIOLOGIST Year-to-Date ▼	ANESTH	Receipt For: Primary General Other (specify) ▼	_
BIRMINGHAM AL 35243 Amount of Each Receipt this Perifederal political committee. Name of Employer ANES. ASSOC., P.C. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) RICHARD LAYMAN Mailing Address 6431 FANNIN ST STE 5.196 DEPT OF ANESTHESIOLOGY City State Zip Code Transaction ID: SA11Al.88814 HOUSTON TX 77030 FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF TEXAS MED SCHOOL Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Amount of Each Receipt this Perifederal Political Committee. Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814 Amount of Each Receipt Top Date Transaction ID: SA11Al.88814	2010	M M / D D / Y Y Y		KE DR., #110	MICHAEL LATHEM	3.
FEC ID number of contributing federal political committee. Name of Employer ANES. ASSOC., P.C. Receipt For: Primary General Other (specify) Other (specify) Other (specify) Eull Name (Last, First, Middle Initial) RICHARD LAYMAN Mailing Address 6431 FANNIN ST STE 5.196 DEPT OF ANESTHESIOLOGY City State Zip Code HOUSTON TX 77030 FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF TEXAS MED SCHOOL Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date		Transaction ID: SA11AI.89349	•		•	
Receipt For: Primary	500.00		33243		FEC ID number of contributing	
Receipt For: Primary General 500.00					Name of Employer ANES. ASSOC., P.C.	
RICHARD LAYMAN Mailing Address 6431 FANNIN ST STE 5.196		-	Year-to-Date ▼	 '	Primary General	
DEPT OF ANESTHESIOLOGY City State Zip Code HOUSTON TX 77030 FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF TEXAS MED SCHOOL Receipt For: Primary General O 8 0 1 2 0 Transaction ID: SA11AI.88814 Amount of Each Receipt this Peri Appropriate Appropriate Taxas MED Appropriate Taxas MED Aggregate Year-to-Date ▼		╡ '		l	RICHARD LAYMAN	
HOUSTON TX 77030 Amount of Each Receipt this Peri FEC ID number of contributing federal political committee. C Name of Employer UNIVERSITY OF TEXAS MED SCHOOL Receipt For: Primary General Amount of Each Receipt this Peri Anount of Each Receipt this Peri	2010				0.0	
FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF TEXAS MED SCHOOL Receipt For: Primary General General A11 Occupation ANESTHESIOLOGIST Aggregate Year-to-Date		Transaction ID: SA11AI.88814	·			
SCHOOL Receipt For: Primary General ANESTHESIOLOGIST Aggregate Year-to-Date ▼	41.00		77030		FEC ID number of contributing	
Primary General		<u>-</u>	ESIOLOGIST	ANESTH	SCHOOL	
				Aggregate	Primary General	
SUBTOTAL of Receipts This Page (optional)	791.00	791.0	·····	otional)	SUBTOTAL of Receipts This Page (optional	

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 104 (check only one) X
or for commercial purposes, oth	er than using the name and a	ay not be sold or used by any persoddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In AMERICAN SOCIETY C	•	TS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middl ABRAHAM LAYON			Date of Receipt
	(100254 V ARCHER ROAD, PSB :	2536	08 07 2010
City	State	Zip Code	Transaction ID: SA11AI.88921
GAINESVILLE	FL	32610	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		250.00
Name of Employer UNIVERSITY OF FLORIDA ICAL CENTER -	MED- Occupation PHYSIC		
Receipt For: Primary Gene		te Year-to-Date ▼ 250.00	1
Other (specify) ▼		230.00	
Full Name (Last, First, Middl SCOTT LEIGHTY	e Initial)		Date of Receipt
	ALNUT CLAY DR.		0 8 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.88766
AUSTIN	TX	78731	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		41.00
Name of Employer AUSTIN ANESTHESIOLOG UP	Occupation PHYSIC		
Receipt For: Primary General		te Year-to-Date ▼ 328.00	
Full Name (Last, First, Middl	e Initial)		
GORDON LEWIS Mailing Address 2151 OL	D ROCKY RIDGE RD S	UITE 106	Date of Receipt M M
City	State	Zip Code	Transaction ID: SA11AI.88988
BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		500.00
Name of Employer ANESTHESIA SERVICES (RMINGHAM P C	Occupati ANEST	on HESIOLOGIST	
Receipt For: Primary Gene Other (specify) ▼	00 0	te Year-to-Date ▼ 500.00	
	I		791.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Re or for commercial purposes, other th NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF A	an using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
Full Name (Last, First, Middle Init		S FOLITICAL ACTION CON	110111111111111111111111111111111111111			
City	State	Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11Al.88747			
MIAMI	FL	33136	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		83.00			
Name of Employer JACKSON MEMORIAL HOSPIT	AL Occupation ANESTH	on HESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00				
Full Name (Last, First, Middle Init B. RICHARD LEWIS	ial)		Date of Receipt			
	Mailing Address 3104 BLUE LAKE DR., #110					
City BIRMINGHAM	State AL	Zip Code 35243	Transaction ID: SA11AI.89206 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer ANES. ASSOCIATED, P.C.	Occupation ANESTH	on HESIOLOGIST				
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Init JAMES LIMANEK	ial)		Date of Receipt			
Mailing Address 39 FIELDST	ONE WAY		0 8 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City SHELBURNE	State VT	Zip Code 05482	Transaction ID: SA11AI.89347 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer FLETCHER ALLEN HEALTH CA	ARE Occupation	on HESIOLOGIST				
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page	(optional)		833.00			

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Middle Initial) ASA LOCKHART Mailing Address 2106 KENNEBUNK	I N	Date of Receipt
City	State Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11AI.88832
TYLER FEC ID number of contributing federal political committee	TX 75703	Amount of Each Receipt this Period 83.00
rederal political committee. Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOICATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) LAJUANA LOGAN Mailing Address 2151 OLD ROCKY I	RIDGE RD.	Date of Receipt
City	State Zip Code	0 8 1 1 2 0 1 0 Transaction ID: SA11AI.88989
BIRMINGHAM FEC ID number of contributing	AL 35216	Amount of Each Receipt this Period 500.00
federal political committee.	C	300.00
Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) EDWARD LUCENTE		Date of Receipt
Mailing Address 1088 SHARPLESS	ROAD	08 02 2010
City HOCKESSIN	State Zip Code DE 19707	Transaction ID: SA11AI.88858 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA SERVICES P.A.	Occupation M.D. ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descints This Desc (antional)		1083.00

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S		Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 51 / 104 (check only one) X	
Α.	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI Full Name (Last, First, Middle Initial) JOSHUA LUMBLEY Mailing Address 410 W 10TH AVE N411 DOAN HALL City COLUMBUS				
_	FEC ID number of contributing federal political committee. Name of Employer THE OHIO STATE UNIVERSITY MEDICAL CENT Receipt For: □ Primary □ General Other (specify) ▼		n DING ANESTHESIOLOGIST e Year-to-Date ▼ 295.00	41.00	
В.	Full Name (Last, First, Middle Initial) PHILIP LUND Mailing Address 5441 SW VIEW POINT City PORTLAND FEC ID number of contributing federal political committee. Name of Employer OHSU Receipt For: Primary General Other (specify)	State OR C Occupation ANESTH	Zip Code 97239	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.89074 Amount of Each Receipt this Period 250.00	
С.	Full Name (Last, First, Middle Initial) MARIA MACK Mailing Address 7514 91ST AVE SW City TACOMA FEC ID number of contributing federal political committee. Name of Employer PACIFIC ANESTHESIA Receipt For: Primary General Other (specify)	-	Zip Code 98498 IESIOLOGIST E Year-to-Date 250.00	Date of Receipt M M M	
	SUBTOTAL of Receipts This Page (optional)			541.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 104 (check only one) X 11a
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JOHN MAKRIDES Mailing Address 7 ABACO DR			Date of Receipt
	Walling Address / ABACO DR			08 / 20 / Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.89233
	CAPE ELIZABETH	ME	04107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SPECTRUM MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ 3.	Full Name (Last, First, Middle Initial) DARRYL MALAK			Date of Receipt
	Mailing Address 1718 E 4TH ST STE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.89279
	CHARLOTTE	NC	28204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PRESBYTERIAN ANES. ASSOCI- ATES	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
- :.	Full Name (Last, First, Middle Initial) MARK MANDABACH			Date of Receipt
	Mailing Address DEPT. OF ANESTHE 619 S. 19TH ST., JT8	08 / 01 / 4 4 4 4		
	City BIRMINGHAM	State AL	Zip Code 35249	Transaction ID: SA11AI.88827
	FEC ID number of contributing federal political committee.	C	33243	Amount of Each Receipt this Period 83.00
	Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 664.00	
	SUBTOTAL of Receipts This Page (optional))	583.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16	
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persising the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) KURT MARKGRAF Mailing Address 3663 MCKINLEY City	Y AVE State Zip Code	Date of Receipt M M D D P P P P P P P P	
FORT MYERS FEC ID number of contributing federal political committee.	FL 33901	Amount of Each Receipt this Period 83.00	
Name of Employer MEDICAL ANESTHESIA Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 664.00		
Full Name (Last, First, Middle Initial) JOHN MARSELLA Mailing Address 1604 TACOMA	JOHN MARSELLA		
City	State Zip Code	0 8 1 4 2 0 1 0 Transaction ID: SA11AI.89097	
DOTHAN	AL 36303	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer ANESTHESIA CONSULTANTS ME- DICAL GROUP Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00		
Full Name (Last, First, Middle Initial) TY MARTINDALE Mailing Address 6516 HACKBER	RY TRL	Date of Receipt 0 8 2 8 2 0 1 0	
City	State Zip Code	Transaction ID: SA11AI.89306	
EDMOND	OK 73034	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer AFFILIATED ANESTHESIOLOGI- STS, LLC Receipt For:	Occupation ANESTHESIOLOGIST		
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00		
CURTOTAL (CD. 11 TU D. 11	ional)	1333.00	

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 104
	EMIZED RECEIPTS		for each category of the	(check only one)
	I EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
			, 3	13 14 15 16 17
	Any information copied from such Reports and Sta	tements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the n	ame and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESIS	OLOGIST:	S POLITICAL ACTION COM	MITTEE
	/ / / / / / / / / / / / / / / / / / / /	o Localo I	or derivate horion down	WIII 122
Z	Full Name (Last, First, Middle Initial)			
Α.	JERRY MATSUMURA			Date of Receipt
	Mailing Address 18124 WEDGE PARKW	M M / D D / Y Y Y Y		
	a g sees 10121 WEBGE 174 HKW	08 30 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89336
	RENO	NV	89511	Amount of Each Receipt this Period
		144	03311	Amount of Lacif Necept this Feriod
	FEC ID number of contributing	C		1000.00
	federal political committee.			
	Name of Employer	Occupation	on .	┥
	Name of Employer SELF-EMPLOYED	PHYSIC		
	Receipt For:			\dashv
	Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	1000.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
_				
ь	Full Name (Last, First, Middle Initial) SCOTT MAXWELL			Data of Descipt
B.		Date of Receipt		
	Mailing Address 4200 W MEMORIAL RD	08 25 2010		
	SUITE 703	01-1-	7:- Ondo	
	City	State	Zip Code	Transaction ID: SA11AI.89273
	OKLAHOMA CITY	OK	73120	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			300.00
	Name of Campleson	0		_
	Name of Employer SCOTT MAXWELL, MD PC	Occupation		
	·		HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General		500.00	
	Other (specify)		300.00	
_				
_	Full Name (Last, First, Middle Initial)			
C.	BRIAN MCALLISTER			Date of Receipt
	Mailing Address 62 KENWOOD ST			M M / D D / Y Y Y Y Y
	20			08 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.89142
	PORTLAND	ME	04102	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer MAINE MEDICAL CENTER	Occupation		
		RESIDE		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		250.00	
Γ				
	SUBTOTAL of Receipts This Page (optional)			1750.00
L	(optional)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 104 (check only one) X 11a
or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) HOA MCLEAN	Date of Receipt		
	Mailing Address 230 WHITE TAIL LAN	E		08 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.89262
	MEDIA	PA	19063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES. SERVICES PA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) RICHARD MCNEER			Date of Receipt
	Mailing Address 18340 SW 122 ST.	0 8 0 1 Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.88811
	MIAMI	FL	33196	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		585.00	
 c.	Full Name (Last, First, Middle Initial) ROBERT MICHAELS	1		Date of Receipt
	Mailing Address 291 SOUTHHALL LN	0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.88762
	MAITLAND	FL	32751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			41.00
	Name of Employer JLR MEDICAL GROUP		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		328.00	
SI	JBTOTAL of Receipts This Page (optional)	1		624.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 104 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Full Name (Last, First, Middle Initial) ANDREW MILLER			Date of Receipt
Mailing Address 509 W PORTLAND ST			08 25 2010
City	State	Zip Code	Transaction ID: SA11AI.89271
PHOENIX	AZ	85003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MICHAEL MILLER			Date of Receipt
Mailing Address 15936 OAK PARK CT			M M / D D / Y Y Y Y Y Y O D D / 2010
City WESTFIELD	State IN	Zip Code 46074	Transaction ID: SA11AI.88834 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.00
Name of Employer ACI,LLC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 254.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON			Date of Receipt
Mailing Address 2400 WIMBLEDON DF	?		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88757
LAS VEGAS	NV	89107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer DESERT ANESTHESIOLOGISTS	Occupatio PHYSIC		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 664.00	
SUBTOTAL of Receipts This Page (optional)		_	624.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 104 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MITCHELL MINANA	HESIOLOGISTS POLITICAL ACTION COM	Date of Receipt
Mailing Address 1306 E WELDEN City SPOKANE	DR State Zip Code WA 99223	Transaction ID: SA11AI.89372 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer PHYS ANESTH GRP Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) THOMAS MOORE Mailing Address 1748 VESTWOOD) HILLS DR.	Date of Receipt 0 8 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.88775
VESTAVIA HILLS FEC ID number of contributing federal political committee.	AL 35216	Amount of Each Receipt this Period 125.00
Name of Employer UNIVERSITY OF ALABAMA SCH- OOL OF MEDICI Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Primary General Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) JIANLONG MU Mailing Address 5 HARVEST LN.		Date of Receipt 0 8 1 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.88940
HOCKESSIN FEC ID number of contributing federal political committee.	DE 19707	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA SERVICE, PA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option		425.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 104 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	THESIOLOGISTS POLITICAL ACTION COMP	MITTEE
Full Name (Last, First, Middle Initial) MICHAEL MUELLER Mailing Address 1520 CHANDLEF	B RD SE	Date of Receipt
City	State Zip Code	0 8 1 8 2 0 1 0 Transaction ID: SA11AI.89157
<u>HUNTSVILLE</u>	AL 35801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MARK MULVIHILL		Date of Receipt
Mailing Address 16 CELESTIAL V	VAY	08 23 7 2010
City	State Zip Code	Transaction ID: SA11AI.89246
NEWARK FEC ID number of contributing	DE 19711	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer ANESTHESIA SERVICES PA	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	.]
Primary ☐ General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) JOEL MUMFORD		Date of Receipt
Mailing Address 221 ELM HILL RI	D.	0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD	State Zip Code VT 05156	Transaction ID: SA11AI.88779
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.00
Name of Employer V A MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
SUBTOTAL of Receipts This Page (optic	onal)	1583.00
TOTAL This Period (last page this line no	umber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 104 (check only one) X
\ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) MARK MURRAY Mailing Address 1924 ALCOA HIGHWA		109	Date of Receipt
	DEPARTMENT OF AN City	ESTHESIA State	Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11AI.88823
	KNOXVILLE	TN	37920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer UNIVERSITY ANESTHESIOLOGI- STS	Occupation DOCTO	R	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 336.00	
В.	Full Name (Last, First, Middle Initial) ROBERT MURRAY III Mailing Address 19 ELM PARK BLVD.			Date of Receipt
	City	State	Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11AI.88753
	PLEASANT RIDGE FEC ID number of contributing federal political committee.	C	48069	Amount of Each Receipt this Period 83.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 664.00	
с. С.	Full Name (Last, First, Middle Initial) ROSS MUSUMECI			Date of Receipt
	Mailing Address 9 LINCOLN ST.			0 8 0 1 2 0 1 0
	City WESTON	State MA	Zip Code 02493	Transaction ID: SA11AI.88806 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02430	41.00
	Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
	SUBTOTAL of Receipts This Page (optional)			207.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 104 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∆ .	Full Name (Last, First, Middle Initial) PAUL NAGRODZKI Mailing Address 2151 OLD ROCKY RI	DGE RD.		Date of Receipt
	City BIRMINGHAM	State AL	Zip Code 35216	Transaction ID: SA11AI.88990 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C	on .	500.00
	Name of Employer ANES. SERV. OF BIRMINGHAM PC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	ANESTH	HESIOLOGIST e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) JOSEPH NEAL Mailing Address VIRGINIA MASON ME P.O. BOX 900	EDICAL CTF	R.	Date of Receipt 0 8 1 7 2 0 1 0
	City SEATTLE	State WA	Zip Code 98111	Transaction ID: SA11AI.89127 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30111	250.00
	Name of Employer VIRGINIA MASON MEDICAL CE- NTER Receipt For:	, ·	HESIOLOGIST	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) MICHAEL NEED			Date of Receipt
	Mailing Address 7632 TIMBER SPRING	GS DR.		08 01 7 9 9 9
	City FISHERS	State IN	Zip Code 46038	Transaction ID: SA11AI.88837 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer SOUTHEAST ANESTHESIOLOGIS- TS	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 585.00	
	SUBTOTAL of Receipts This Page (optional)			833.00
	TOTAL This Period (last page this line number	only)		

ITE Any i	HEDULE A (FEC Form 3X) MIZED RECEIPTS information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s	FOR LINE NUMBER: PAGE 61 / 104 (check only one) X
N	r commercial purposes, other than using the r AME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHESI		· · · · · · · · · · · · · · · · · · ·	
A. MM C A Find N N N N N N N N N N N N N	ull Name (Last, First, Middle Initial) IICHAEL NICHOLS Iailing Address 1090 DEVINE CIRCLE ity ITLANTA EC ID number of contributing ederal political committee. ame of Employer IOVA SOUTHEASTERN UNIVERS-		IESIOLOGIST ASSISTANT	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 664.00	
B. <u>T</u> M C C <u>F</u>	ull Name (Last, First, Middle Initial) HEODOROS PAPALIMBERIS lailing Address 2 GOLDENROD LN. ity FALMOUTH EC ID number of contributing addral political committee.	State ME	Zip Code 04105	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N S	ame of Employer PECTRUM MEDICAL GROUP eceipt For: Primary General Other (specify)	-	n IESIOLOGIST e Year-to-Date ▼ 250.00	
C. <u>C</u> M	ull Name (Last, First, Middle Initial) LEE PARMLEY lailing Address 1211 21ST AVE S MEDICAL ARTS BUILD	Date of Receipt M M M		
FI	IASHVILLE EC ID number of contributing aderal political committee.	C	37212	Amount of Each Receipt this Period 125.00
<u>IC</u>	ame of Employer ANDERBILT UNIVERSITY MED- CAL CENTER eceipt For: Primary General Other (specify) ▼	Occupatio PHYSICI Aggregate		
SUE	TOTAL of Receipts This Page (optional)			458.00
тот	FAL This Period (last page this line number o	nly)		

ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62/104 (check only one)		
Any information copied from such Re or for commercial purposes, other that	eports and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF A		•			
Full Name (Last, First, Middle Init WILLIAM PEKARSKE	ial)		Date of Receipt		
	Mailing Address 1281 E. CALLE DE LA CABRA				
City	State	Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11AI.88808		
TUCSON FEC ID number of contributing federal political committee.	AZ C	85718	Amount of Each Receipt this Period 83.00		
Name of Employer SOUTHERN ARIZONA ANESTI IA SERVICES	HES- Occupation PHYSICI				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00			
Full Name (Last, First, Middle Init JOSEPH PEROSI	ial)		Date of Receipt		
	ON AVE STE 301	0 8 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City SOMERSET	State NJ	Zip Code 08873	Transaction ID: SA11AI.89077 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	00073	500.00		
Name of Employer ANESTHESIA CONSULTANTS NJ. LLC.	OF Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Init JULIA POLLOCK	ial)		Date of Receipt		
Mailing Address PO BOX 900)		0 8 1 2 2 0 1 0		
City	State	Zip Code	Transaction ID: SA11AI.89089		
SEATTLE FEC ID number of contributing federal political committee.	C	98111	Amount of Each Receipt this Period 1000.00		
Name of Employer VIRGINIA MASON MEDICAL CE NTER	Occupation PHYSICI				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page	(antional)		1583.00		

Ş	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 104
	TEMIZED RECEIPTS	for each category of the		(check only one) X 11a 11b 11c 12
-			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may ne and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESIOL	LOGISTS	POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) RYAN PONG			Date of Receipt
	Mailing Address 1100 NINTH AVENUE MAIL STOP B2-AN			0 8 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.89140
	SEATTLE	WA	98101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	VIDGINIA MAGON MEDICAL CE	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
- 3.	Full Name (Last, First, Middle Initial) RONALD POWELL			Date of Receipt
	Mailing Address 4330 HILLSIDE			0 8 2 9 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.89316
	NORMAN	OK	73072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	CELE ' '	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
-).	Full Name (Last, First, Middle Initial) ANDREW RACKSTEIN			Date of Receipt
•	Mailing Address 300 JEFFORDS ST STE E	3		M M / D D / Y Y Y Y Y O D D / 2010
	City	State	Zip Code	Transaction ID: SA11AI.89210
	CLEARWATER	FL	33756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	ANIES ASSOCIOE DINIELLAS CO	Occupation ANESTHI	SSIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
L				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 104 (check only one) X
An	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) ATTIQUIE RAHMAN			Date of Receipt
	Mailing Address 90 MEADOW LARK	LN State	Zip Code	0 8 1 5 2 0 1 0 2 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0
	City BELLE MEAD	NJ	21p Code 08502	Transaction ID: SA11AI.89105 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00002	500.00
	Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Receipt For:	Occupatio PHYSICI	AN	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) MELINDA RANDALL	_ I		Date of Receipt
	Mailing Address 5 ALDERS LN.			08 04 2010
	City	State	Zip Code	Transaction ID: SA11AI.88883
	WILMINGTON	DE	19807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer ASPA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) DENFORD RATHEL			Date of Receipt
	Mailing Address 2723 TREVOR DR.			M M / D D / Y Y Y Y Y O D D / 2010
	City	State	Zip Code	Transaction ID: SA11AI.88959
	HUNTSVILLE	AL	35802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer COMP ANES SERV, PC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)	1		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 104 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEVEN READ			Date of Receipt
Mailing Address 102 WATERSTONE C	V		08 01 2010
City	State	Zip Code	Transaction ID: SA11AI.88835
GEORGETOWN	TX	78628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer NORTHSTAR ANESTHESIA DEPT. OF ANESTHES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 254.00	
Full Name (Last, First, Middle Initial) ANN REARDON			Date of Receipt
Mailing Address 34 BELLEVUE AVE.			M M / D D / Y Y Y Y Y O D D / Y 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.89155
BANGOR	ME	04401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SPECTRUM MEDICAL GROUP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PULI REDDY	l		Date of Receipt
Mailing Address 1118 ROSS CLARK C	IRCLE, #700)	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.89143
DOTHAN	AL	36301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer ANES. CONSULTANTS MEDICAL GROUP		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1041.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 104 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.	
AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	POLITICAL ACTION COM	IMITTEE	
Full Name (Last, First, Middle Initial) JOHN REISINGER			Date of Receipt	
Mailing Address 1526 NORTHWAY D	PR		08 16 2010	
City	State	Zip Code	Transaction ID: SA11AI.89117	
SAINT CLOUD	MN	56303	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer CENTRAL MINNESOTA ANESTHE- SIA, LTD.	Occupation PHYSICIA	N		
Receipt For:	Aggregate Y	/ear-to-Date ▼		
Primary General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) DIANE REYNOLDS	1		Date of Receipt	
Mailing Address 3608 HILLVALE CIRC	ailing Address 3608 HILLVALE CIRCLE			
City	State	Zip Code	Transaction ID: SA11AI.89000	
KNOXVILLE	TN	37919	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		600.00	
Name of Employer ANESTHESIA MEDICAL ALLIAN- CE OF EAST TN	Occupation ANESTHE	SIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 600.00		
Full Name (Last, First, Middle Initial) KEVIN ROBERTS			Date of Receipt	
Mailing Address 240 WALNUT LN.			08 01 2010	
City	State	Zip Code	Transaction ID: SA11AI.88802	
SLINGERLANDS	NY	12159	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		83.00	
Name of Employer ALBANY MEDICAL CENTER HOS- PITAL	Occupation ANESTHE	SIOLOGIST		
Receipt For:	Aggregate Y	/ear-to-Date ▼		
Primary General Other (specify) ▼	0 0	664.00		
			933.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 104 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements ma the name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	IESIOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ Mailing Address 21050 POINT PLAC			Date of Receipt
ATLANTIC 3 AT TH		7in Cada	08 01 2010
City <u>AVENTURA</u>	State FL	Zip Code 33180	Transaction ID: SA11AI.88800 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SHERIDAN HEALTHCARE INC	Occupatio MEDICA	n L DIRECTOR OF THE SUR	GERY CENTER
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) ANNE ROGERS			Date of Receipt
Mailing Address 6005 RIVER RD			08 30 2010
City	State	Zip Code	Transaction ID: SA11AI.89351
NORFOLK	VA	23505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer ATLANTIC ANESTHESIA INC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	900.00	
Full Name (Last, First, Middle Initial) ROBERT ROSEN	1		Date of Receipt
Mailing Address 1838 PARK STREE	T, NORTH		0 8 1 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.88963
ST. PETERSBURG	<u>FL</u>	33710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES ASSOC OF PINELLAS CT- Y, INC.	- '	IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)		433.00
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line numl	,		455.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 104 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) FRANK ROSINIA		Date of Receipt
Mailing Address 23 IDLEWOOD PL City	State Zip Code	Transaction ID: SA11Al.88831
RIVER RIDGE FEC ID number of contributing federal political committee.	LA 70123	Amount of Each Receipt this Period 41.00
Name of Employer TULANE UNIVERSITY SCHOOL OF MEDICINE Receipt For: Primary General Other (specify) ▼	Occupation CHAIRMAN, DEPARTMENT OF ANE Aggregate Year-to-Date 328.00	THESIOLOGY
Full Name (Last, First, Middle Initial) MICHAEL ROUTMAN Mailing Address 2151 OLD ROCKY	RIDGE RD SUITE 106	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BIRMINGHAM	State Zip Code AL 35216	Transaction ID: SA11AI.88991 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM P C Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	1
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) MICHAEL ROUTMAN Mailing Address 2151 OLD ROCKY	RIDGE RD SUITE 106	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BIRMINGHAM	State Zip Code AL 35216	Transaction ID: SA11AI.88995 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM P C Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Primary General Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional	al)	1041.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the Circle K only one)		
Any information copied from such F or for commercial purposes, other t		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.		
AMERICAN SOCIETY OF	ANESTHESIOLOGISTS POLITICAL AC	TION COMMITTEE		
Full Name (Last, First, Middle Ir	<u> </u>	Date of Receipt		
Mailing Address 10222 FAL City	CON TERRACE State Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11AI.89212		
LARGO	FL 33778	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer ANES ASSOC OF PINELLAS UNTY	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00		
Full Name (Last, First, Middle In LAWRENCE ROY	itial)	Date of Receipt		
Mailing Address 2420 FREE	Mailing Address 2420 FREEMAN MANOR DR			
City	State Zip Code	Transaction ID: SA11AI.88751		
JONES	OK 73049	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.00		
Name of Employer OKLAHOMA ANESTHESIA CO LTANTS	OCCUPATION MEDICAL DOCTOR			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify)		664.00		
Full Name (Last, First, Middle Ir ALAN RUDOLPH		Date of Receipt		
Mailing Address 4912 ANDI	ROS DR.	08 20 2010		
City	State Zip Code	Transaction ID: SA11AI.89222		
TAMPA	FL 33629	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer ANES ASSOC OF PINELLAS UNTY	ANESTRESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00		
SUBTOTAL of Receipts This Page	e (optional)	583.00		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JAMES RUDULPH			Date of Receipt
	Mailing Address 2151 OLD ROCKY R	IDGE RD.		08 111 / 2010
	City BIRMINGHAM	State AL	Zip Code 35216	Transaction ID: SA11AI.88992 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) SAMMY SABRI			Date of Receipt
	Mailing Address 3104 BLUE LAKE DF	08 25 2010		
	City BIRMINGHAM	State AL	Zip Code	Transaction ID: SA11AI.89259
	FEC ID number of contributing federal political committee.	C	35243	Amount of Each Receipt this Period 500.00
	Name of Employer ANES. ASSOCIATES, P.C.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) JOSEPH SANDOR			Date of Receipt
	Mailing Address 8625 E. CLYDESDAL	E TR.		0 8 2 6 Y Y Y Y Y Y
	City SCOTTSDALE	State AZ	Zip Code 85258	Transaction ID: SA11AI.89282 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0,000	250.00
	Name of Employer VALLEY ANES. CONSULTANTS, LTD.		HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number	er only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 104 (check only one) X
0	nny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) JORDAN SANKEL Mailing Address 333 W. HAMPDEN AV	/E.		Date of Receipt 0 8 0 1 2 0 1 0
	SUITE 600 City ENGLEWOOD FEC ID number of contributing federal political committee.	State CO	Zip Code 80110	Transaction ID: SA11AI.88818 Amount of Each Receipt this Period 41.00
	Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, PC Receipt For: Primary General Other (specify) ▼		n ESIOLOGIST e Year-to-Date ▼ 213.00	
3.	Full Name (Last, First, Middle Initial) JAMES SCHLIMMER Mailing Address 15321 TIMBER RIDGE	E DR		Date of Receipt 0 8 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.88956
	BURNSVILLE FEC ID number of contributing	MN	55306	Amount of Each Receipt this Period 1000.00
	federal political committee.			1000.00
	Name of Employer RIDGES ANESTHESIOLOGY, P A.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
. –	Full Name (Last, First, Middle Initial) KEITH SCHRADER	•		Date of Receipt
	Mailing Address 1304 OAK ST			08 10 / Y Y Y Y Y Y
	City MELBOURNE	State FL	Zip Code 32901	Transaction ID: SA11AI.88943 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.2001	500.00
	Name of Employer BREVARD ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
\[SUBTOTAL of Receipts This Page (optional)			1541.00
Γ.	TOTAL This Period (last page this line number	only))	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports an		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTE	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ABRAHAM SCHUSTER Mailing Address 2151 OLD ROCKY	RIDGE RD.		Date of Receipt
City	State	Zip Code	0 8 1 1 2 0 1 0 Transaction ID: SA11Al.88993
BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ALAN JAY SCHWARTZ			Date of Receipt
Mailing Address 1000 SHARPLESS	ROAD		08 01 2010
City	State	Zip Code	Transaction ID: SA11AI.88780
MELROSE PARK	PA	19027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer CHILDRENS HOSPITAL OF PHI- LADELPHIA	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00]
Full Name (Last, First, Middle Initial) WENDY SEAVER			Date of Receipt
Mailing Address 2898 HAMPTON C	OVE WAY		08
City	State	Zip Code	Transaction ID: SA11AI.89312
HAMPTON COVE	AL	35763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ALABAMA ANESTHESIA OF HUN- TSVILLE	Occupation MD		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional	al)		1541.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or commercial purposes. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE A. Date of Receipt Date of Receipt Date of Receipt Date of Receipt Transaction ID: SA11A Amount of Each Receipt Date of Receipt Transaction ID: SA11A Amount of Each Receipt Date of Receipt Dat	DULE A (FEC Form 3X) ZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A. Full Name (Last, First, Middle Initial) DouclAS SEDLACEK Mailing Address 2250 COUNTRY CLUB PKWY SE City CEDAR RAPIDS IA 52403 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City State Zip Code IA 52403 Amount of Each Receipt C Date of Receipt Transaction ID: SA11Al Amount of Each Receipt Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code BIRMINGHAM AL 35243 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST City State Douchation ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST City State Douchation ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Anesthesia Amount of Each Receipt	E OF COMMITTEE (In Full)		on for the purpose of soliciting contributions solicit contributions from such committee.
Receipt For:	lame (Last, First, Middle Initial) GLAS SEDLACEK Ig Address 2250 COUNTRY CLUB PKWY State AR RAPIDS IA ID number of contributing al political committee.	SE Zip Code 52403	Date of Receipt
Amount of Each Receipt State	pt For: Aggree Primary General	THESIOLOGIST pate Year-to-Date ▼	
BIRMINGHAM AL 35243 Amount of Each Receipt to C Name of Employer ANESTHESIOLOGISTS ASSOCIATED, P.C. Receipt For: Primary General Other (specify) ▼ City State Zip Code MULLICA HILL FEC ID number of contributing federal political committee. City State Zip Code NJ 08062 FULLICA HILL FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST City State Zip Code Transaction ID: SA11Al Amount of Each Receipt to C Name of Employer ANESTHESIA SERVICES, P.A. Receipt For: Primary General Amount of Each Receipt to C Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	SENN		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGISTS ASSOCIATED, P.C. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) EDWARD SEUGLING Mailing Address 1103 JASMINE CT. City State Zip Code NJ 08062 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST Receipt For: Name of Employer ANESTHESIA SERVICES, P.A. Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		,	Transaction ID: SA11AI.89057
TED, P.C. Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Full Name (Last, First, Middle Initial) EDWARD SEUGLING Mailing Address 1103 JASMINE CT. City State Zip Code MULLICA HILL NJ 08062 Transaction ID: SA11Al Amount of Each Receipt to the second to the seco	ID number of contributing al political committee.		500.00
EDWARD SEUGLING Mailing Address 1103 JASMINE CT. City State Zip Code MULLICA HILL NJ 08062 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Receipt For: Primary General Date of Receipt Transaction ID: SA11Al Amount of Each Receipt to C Apgregate Year-to-Date Aggregate Year-to-Date	P.C. ANES pt For: Aggree Primary General	ate Year-to-Date ▼]
Mailing Address 1103 JASMINE CT. City State Zip Code Transaction ID: SA11Al NJ 08062 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Receipt For: Aggregate Year-to-Date ▼			Date of Receipt
City State Zip Code Transaction ID: SA11Al NJ 08062 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Receipt For: Aggregate Year-to-Date ▼			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Receipt For: Primary General C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼		·	Transaction ID: SA11AI.89160
Receipt For: Primary General ANEST RESIDEDGIST Aggregate Year-to-Date ▼	ID number of contributing	08062	Amount of Each Receipt this Period 250.00
Receipt For: Aggregate Year-to-Date ▼ Primary General	of Employer STHESIA SERVICES, P.A. ANES		
Other (specify) ▼	pt For: Aggre Primary General		
SUBTOTAL of Receipts This Page (optional)	TAL of Receipts This Page (optional)		1350.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
or for o	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	
Ma City	I Name (Last, First, Middle Initial) NIEL SHERRER illing Address 2151 OLD ROCKY RIE	OGE RD ST	E 106 Zip Code 35216	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FE	C ID number of contributing leral political committee.	C	33210	500.00
<u>RN</u>	me of Employer IESTHESIA SERVICES OF BI- MINGHAM, P.C ceipt For: Primary General Other (specify)		n IESIOLOGIST • Year-to-Date ▼ 500.00	
JAI	I Name (Last, First, Middle Initial) MES SHU iling Address 6063 LAUREL CREEK	DR		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	y .EASANTON	State CA	Zip Code 94588	Transaction ID: SA11AI.88741 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		41.00
Na ED	me of Employer EN MEDICAL CENTER	Occupatio ANESTH	n IESIOLOGIST	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
KA	l Name (Last, First, Middle Initial) REN SIBERT iling Address 4146 SUNNYSLOPE A	AVE.		Date of Receipt 0 8 0 1 2 0 1 0
City		State	Zip Code	Transaction ID: SA11Al.88750
FE	HERMAN OAKS C ID number of contributing leral political committee.	CA	91423	Amount of Each Receipt this Period 41.00
<u>ER</u>	me of Employer EDARS-SINAI MEDICAL CENT- A ANES. DEPT		IESIOLOGIST	
Ke	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
CUPT	FOTAL of Receipts This Page (optional)	1		582.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 104 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) SCOTT SIEGEL			Date of Receipt
Mailing Address 18 MELANIE MNR			0 8 2 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.89297
EAST BRUNSWICK	NJ	08816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA CONSULTANTS OF NJ	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) MICHAEL SIMON			Date of Receipt
Mailing Address 35 GELLATLY DR.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88777
WAPPINGERS FALLS	NY	12590	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer NAPA	Occupation PHYSICIA		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) JAMES SIMONSON			Date of Receipt
Mailing Address 14816 MARBLELEAF [OR		08 30 YYYYY
City	State	Zip Code	Transaction ID: SA11AI.89376
EDMOND	OK	73013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NWA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			833.00

SCHEDULE A (FE ITEMIZED RECEIF Any information copied from a	PTS Such Reports and Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, NAME OF COMMITTEE	other than using the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Minal ALEXEY SLUCKY Mailing Address 333 M	ddle Initial) /. HAMPDEN AVE., SUITE 6	00	Date of Receipt
	V. TI/WII DEIV/WE., COTTE C		08 01 2010
City	State CO	Zip Code	Transaction ID: SA11AI.88769
ENGLEWOOD FEC ID number of contrib federal political committee	outing	80110	Amount of Each Receipt this Period 83.00
Name of Employer SOUTH DENVER ANES GISTS, PC	11113101	AN	
Receipt For: Primary G Other (specify) ▼	Aggregate eneral	Year-to-Date ▼ 664.00	
Full Name (Last, First, Min	ddle Initial)		Date of Receipt
Mailing Address 1046	LAKE COLONY LN.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>BIRMINGHAM</u>	State AL	Zip Code 35242	Transaction ID: SA11AI.88774 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			83.00
Name of Employer UNIVERSITY OF ALABA	MA HSF Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary G Other (specify)	Aggregate eneral	Year-to-Date ▼ 664.00	
Full Name (Last, First, Mid	ddle Initial)		Date of Receipt
Mailing Address 103 R	ESEDA LN.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88862
DOTHAN FEC ID number of contrib federal political committee		36305	Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIA CONSUL' D. GROUP	TANTS ME- Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts Th	is Page (optional))	1166.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7//104 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	<u> </u>		
Full Name (Last, First, Middle Initial) JATINDER SOMAL			Date of Receipt
Mailing Address 4422 N CAMINO A	ALLENADA		08 25 2010
City PHOENIX	State AZ	Zip Code 85018	Transaction ID: SA11AI.89275 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) GREGORY SOMERVILLE			Date of Receipt
Mailing Address 6208 DEVILS HOI	LOW RD.		0 8 0 1 Y Y Y Y Y Y
City FORT WAYNE	State IN	Zip Code	Transaction ID: SA11AI.88813
FEC ID number of contributing federal political committee.	C	46814	Amount of Each Receipt this Period 41.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS OF FORT W	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	295.00	
Full Name (Last, First, Middle Initial) SHANNON SORAH	<u> </u>		Date of Receipt
Mailing Address 11743 COUCH MI	LL ROAD		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KNOXVILLE	State TN	Zip Code 37932	Transaction ID: SA11AI.88810 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0,002	41.00
Name of Employer METHODIST MED. CTR. ANES. GR.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	295.00	
SUBTOTAL of Receipts This Page (option	l al)		582.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 104 (check only one) X 11a
Any or f	y information copied from such Reports and or commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JOHN SPIVAK			Date of Receipt
	Mailing Address 3104 BRADFORD PL			08 05 7 2010
	City BIRMINGHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.88898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED, P.C.	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) DOUGLAS SPURGEON			Date of Receipt
	Mailing Address 6911 VAN DORN, SU	08 27 2010		
	City	State	Zip Code	Transaction ID: SA11AI.89295
	LINCOLN FEC ID number of contributing federal political committee.	NE C	68506	Amount of Each Receipt this Period 250.00
	Name of Employer ASSOCIATED ANESTHESIOLOGY, P.C.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) GLYNNE STANLEY	1		Date of Receipt
	Mailing Address 270 MIDDLETON RO	AD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BOXFORD	State MA	Zip Code 01921	Transaction ID: SA11AI.88765
	FEC ID number of contributing federal political committee.	C	01921	Amount of Each Receipt this Period 41.00
	Name of Employer ANESTHESIA ASSOCIATES OF MASSACHUSETTS	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
SI	JBTOTAL of Receipts This Page (optional) .			791.00
т	OTAL This Period (last page this line numbe	r only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 104 (check only one) X
,	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) MARION STARKS			Date of Receipt
	Mailing Address 1204 N. WINDOMER	E AVE.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.88820
	DALLAS FEC ID number of contributing federal political committee.	C	75208	Amount of Each Receipt this Period 125.00
	Name of Employer ANESTHESIA RESOURCES FOR CHILDREN	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 625.00	
_	Full Name (Last, First, Middle Initial) SHANE STIDHAM	1		Date of Receipt
	Mailing Address 13005 ANDUIN AVE.			08 30 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.89374
	OKLAHOMA CITY	OK	73170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) WYNDAM STRODTBECK			Date of Receipt
	Mailing Address 5692 179TH AVE SE			0 8 1 0 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.88951
	BELLEVUE SECULATION OF THE SECURATION OF THE SEC	WA	98006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VIRGINIA MASON MEDICAL CE- NTER		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			875.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.
<u>/</u>	Full Name (Last, First, Middle Initial) MAYA SURESH Mailing Address 1709 DRYDEN RD ST City	E 1700	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	HOUSTON FEC ID number of contributing federal political committee.	C	77030	Amount of Each Receipt this Period 83.00
	Name of Employer BAYLOR COLLEGE OF MEDICINE Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 664.00	
	Full Name (Last, First, Middle Initial) LAURIE SUTHERLAND Mailing Address 2 GOLDEN ROD LN.	•		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.89184
	FALMOUTH FALMOUTH	ME	04105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MAINE MEDICAL CENTER	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) THOMAS SWYGERT Mailing Address 7014 PRESTONSHIRE	E LN.		Date of Receipt
	City	State	Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11AI.88781
	DALLAS	TX	75225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS Page 15 For:	. '	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
	UBTOTAL of Receipts This Page (optional)	•		374.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using t	Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) STEVEN SYKES		Date of Receipt		
Mailing Address 1118 ROSS CLARK		08 18 2010		
City DOTHAN	State Zip Code AL 36301	Transaction ID: SA11AI.89177 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C 36301	1000.00		
Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]		
Full Name (Last, First, Middle Initial) B. JOSEPH TALARICO		Date of Receipt		
200 LOTHROP ST #	200 LOTHROP ST # 463			
City PITTSBURGH	State Zip Code PA 15213	Transaction ID: SA11AI.88754 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.00		
Name of Employer UNIVERSITY OF PITTSBURGH MEDICAL CENTE	Occupation ASSISTANT PROFESSOR			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00			
Full Name (Last, First, Middle Initial) JULIE THOMPSON		Date of Receipt		
Mailing Address 8208 NW 134TH TE	R	M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: SA11AI.89320		
OKLAHOMA CITY FEC ID number of contributing federal political committee.	OK 73142	Amount of Each Receipt this Period 250.00		
Name of Employer AFFILIATED ANESTHESIOLOGI- STS, INC	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)		1291.00		
TOTAL This Period (last page this line numb	er only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 104 (check only one) X 11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) EUGENE TOLPIN			Date of Receipt
	Mailing Address 1309 OBERLIN RD.,			08 01 2010
	City <u>WILMINGTON</u>	State DE	Zip Code 19803	Transaction ID: SA11AI.88855 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA SERVICES,P.A.	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) JAMES TOMLINSON Mailing Address 8221 CASTLEHILL R	ND		Date of Receipt
			7:a Code	08 30 2010
	City BIRMINGHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.89348 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED, P.C.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
с. С.	Full Name (Last, First, Middle Initial) ANDREW TROBRIDGE	-		Date of Receipt
	Mailing Address 13909 WATERWAY	BLVD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City FORTVILLE	State IN	Zip Code 46040	Transaction ID: SA11AI.88743 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10010	83.00
	Name of Employer INTERVENTIONAL PAIN CARE	Occupation PAIN Ph	on HYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 664.00	
	SUBTOTAL of Receipts This Page (optional)			833.00
f	TOTAL This Period (last page this line number	er only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 104 (check only one) X
or f	y information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۱.	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS			Date of Receipt
	Mailing Address 427 HEIGHTS DR			08 01 2010
	City GIBSONIA	State PA	Zip Code 15044	Transaction ID: SA11AI.88796 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer WESTERN PENNSYLVANIA HOSP- ITAL	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 664.00	
 3.	Full Name (Last, First, Middle Initial) BENJAMIN UNGER			Date of Receipt
	Mailing Address 474 W 238TH ST., AF	0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.88772
	RIVERDALE FEC ID number of contributing federal political committee.	NY C	10463	Amount of Each Receipt this Period 41.00
	Name of Employer COLUMBIA UNIVERSITY MEDIC- AL CENTER	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
	Full Name (Last, First, Middle Initial) PAUL VADNAIS			Date of Receipt
	Mailing Address 3507 EVERMORE CT			0 8 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City CHARLOTTE	State NC	Zip Code 28226	Transaction ID: SA11AI.89361
	FEC ID number of contributing federal political committee.	C	20220	Amount of Each Receipt this Period 250.00
	Name of Employer PRESBYTERIAN ANESTHESIA ASSOC, PA	, '	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
		1		374.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ind Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID VARLOTTA		Date of Receipt
Mailing Address 1303 BAYSHORE	BLVD.	08 01 2010
City	State Zip Code	Transaction ID: SA11Al.88752
TAMPA FEC ID number of contributing federal political committee.	FL 33606	Amount of Each Receipt this Period 83.00
Name of Employer UNICOM ANESTHESIA ASSOCIA- TES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 664.00	_ _ 1
Full Name (Last, First, Middle Initial) HECTOR VILA Mailing Address 4304 W AZEELE S	ST	Date of Receipt
City TAMPA FEC ID number of contributing	State Zip Code FL 33609	Transaction ID: SA11AI.88738 Amount of Each Receipt this Period 83.00
name of Employer	Occupation ANESTHESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) ANNETTE VIZENA		Date of Receipt
Mailing Address 919 SKIPPING ST	ONE CT	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TIMNATH	State Zip Code CO 80547	Transaction ID: SA11AI.89362 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer NORTHERN CO ANESTH. PROF. CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	al)	216.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 104 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for c	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee. MITTEE
A. J. M Mail City LIT FEC fede Nam UNI MEI	Name (Last, First, Middle Initial) ICHAEL VOLLERS ing Address 1 CHILDRENS WAY SLOT 203, S-319 TLE ROCK C ID number of contributing eral political committee. The of Employer VERSITY OF ARKANSAS FOR DICAL SCI eipt For: Primary General Other (specify)		Zip Code 72202 on SSOR OF ANESTHESIOLOG e Year-to-Date ▼ 664.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.88792 Amount of Each Receipt this Period 83.00
B. BEN Mail City BIF FEC fede	Name (Last, First, Middle Initial) IJAMIN WALKER ing Address 2009 COUNTRY RIDG RMINGHAM C ID number of contributing eral political committee. The of Employer S, PC eipt For: Primary General Other (specify)	State AL C Occupation PHYSIC		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. WIL Mail City BIF FEC fede Nam ANE GH	RMINGHAM C ID number of contributing eral political committee. The of Employer ESTHESIA SVCS OF BIRMIN-	State AL C Occupation ANESTH	Zip Code 35242 on HESIOLOGIST e Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11AI.88997 Amount of Each Receipt this Period 500.00
SUBT	OTAL of Receipts This Page (optional))	1083.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 104 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may be name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DAVID WARREN			Date of Receipt
Mailing Address 415 OAKWOOD DR			08 18 2010
City	State	Zip Code	Transaction ID: SA11AI.89182
DOTHAN	AL	36303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ANESTHESIA CONSULTANTS ME- DICAL GROUP	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER WASSINK	1		Date of Receipt
Mailing Address 3300 EGYPT VALLE	Y NE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88749
ADA	MI	49301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS PC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 328.00	
Full Name (Last, First, Middle Initial) ANNE WILHITE			Date of Receipt
Mailing Address 10136 CHEROKEE F	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.88793
RICHMOND	VA	23235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer COMMONW EALTH ANESTHESIA ASSOCIATES	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	328.00	
SUBTOTAL of Receipts This Page (optional)			1082.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 104 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN WILKINSON Mailing Address 22222 NEFF RD. City BEND FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	_ ' '	Zip Code 97701 on IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) CHARLES WILLIAMS Mailing Address 503 CHESHIRE DR. City KNOXVILLE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL ALLIAN-	State TN C	Zip Code 37919	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 3 0 2 0 1 0 Transaction ID: SA11AI.89339 Amount of Each Receipt this Period 250.00
CE OF E.T.N. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARK WILLIS Mailing Address 1118 ROSS CLARK (Aggregate		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City DOTHAN FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS MED. GROUP Receipt For: Primary General Other (specify)	State AL C Occupatio PHYSICI Aggregate		Transaction ID: SA11AI.88945 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional) .	1	>	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 104 (check only one) X 11a
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GLENN WOODS Mailing Address 1956 STONERIDGE City AUBURN FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOC OF EAST	State Zip Code AL 36830 C Occupation ANESTHESIOLOGIST	Date of Receipt M M M J D D J 2 0 1 0 Transaction ID: SA11AI.89340 Amount of Each Receipt this Period 500.00
ALA Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) GRANVILLE WORK Mailing Address 3749 LYNNFIELD DF	3.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.88782
VIRGINIA BEACH FEC ID number of contributing federal political committee. Name of Employer ATLANTIC ANESTHESIA	VA 23452 C Occupation	Amount of Each Receipt this Period 83.00
ATLANTIC ANESTHESIA Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 581.00	
Full Name (Last, First, Middle Initial) JASON WORKMAN		Date of Receipt
Mailing Address 7575 W WASHINGTO		08 01 2010
City LAS VEGAS	State Zip Code NV 89128	Transaction ID: SA11AI.88829 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 664.00	

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 104 (check only one) X
or for co	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee. MITTEE
ELIZ Maili City LAN FEC	Name (Last, First, Middle Initial) (ABETH YASIK Ing Address 10 EVANS DR NDENBERG ID number of contributing ral political committee.	State PA	Zip Code 19350	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	eipt For: Primary General Other (specify)		n IESIOLOGIST • Year-to-Date ▼ 500.00	
RUC	Name (Last, First, Middle Initial) OXU YOU ing Address 1 PARSONAGE HILL	RD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11Al.88937
	ORT HILLS	NJ	07078	Amount of Each Receipt this Period
fede	ID number of contributing ral political committee.	C		250.00
Nam SUN	ne of Employer MMIT ANESTHESIIA ASSOC.	Occupatio ANESTH	ⁿ IESIOLOGIST	
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
LAW	Name (Last, First, Middle Initial) (RENCE YOUNG ing Address 1717 VALLEY FORGE	DR.		Date of Receipt
City		State	Zip Code	0 8 0 1 2 0 1 0 Transaction ID: SA11Al.88833
	SON	TN	37343	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		125.00
TED		Occupatio PHYSICI	AN	
Hec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
CURT	OTAL of Receipts This Page (optional)	•		875.00

PAGE 90 / 104 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) BEEKMAN YOUNGBLOOD Date of Receipt Mailing Address P.O. BOX 907 0 8 8 0 2010 City State Zip Code Transaction ID: SA11AI.88927 **SELMA** 36702 Αl Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SFLF Occupation **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. JONATHAN ZUCKER Date of Receipt Mailing Address 1612 SAINT GREGORY DRIVE 8 0 01 2010 City Transaction ID: SA11AI.88787 State Zip Code LAS VEGAS NV 89117 Amount of Each Receipt this Period FEC ID number of contributing C 83.00 federal political committee. Name of Employer SELF Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date Primary General

SUBTOTAL of Receipts This Page (optional)	•	333.00
TOTAL This Period (last page this line number only)	•	76327.00

664.00

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 104 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>CHICAGO</u>	State Zip Code IL 60675	Transaction ID: SA17.89416 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.34
Name of Employer	Occupation	INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 124.28	

SUBTOTAL of Receipts This Page (optional)	•	28.34
TOTAL This Period (last page this line number only)	<u> </u>	28.34

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 92/104 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.89417 NORTHERN TRUST CO Date of Disbursement 3 1 0 8 2010 Mailing Address 50 S LASALLE City State Zip Code Amount of Each Disbursement this Period **CHICAGO** IL 60675 2024.44 Purpose of Disbursement BANK/CC FEES Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	2024.44
TOTAL This Period (last page this line number only)	•	2024.44

SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
IT	FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	ny Information copied from such Reports and Statem for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	CTION COMMI	TTEE
Α.	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS			Transaction ID: SB23.88694 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 14 KNIGHTSWOOD DR			08 04 2010
	•	State Zip Code NJ 08053		Amount of Each Disbursement this Period
	Purpose of Disbursement		•	2500.00
	Candidate Name		Category/ Type	
	Senate President	ement For: 2010 Primary X General Other (specify)		
_	State: NJ District: 03 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.88701
B.	BACHUS FOR CONGRESS COMMITTEE			Date of Disbursement
	Mailing Address PO BOX 131134			$ \begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & A \\ 0 & 0 & 4 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
	City BIRMINGHAM	State Zip Code AL 35213		Amount of Each Disbursement this Period
	Purpose of Disbursement			4000.00
	Candidate Name		Category/ Type	
	Senate President	ement For: 2010 Primary X General Other (specify)		
_	State: AL District: 06 Full Name (Last, First, Middle Initial)			Transaction ID. CD00 00704
C.	BLUMENTHAL FOR SENATE			Transaction ID: SB23.88704 Date of Disbursement
	Mailing Address 777 SUMMER ST			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 4 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 1 \\ 0 & 0 & 0 \end{bmatrix}$
	City STAMFORD	State Zip Code CT 06901		Amount of Each Disbursement this Period
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	X Senate President	ement For: 2010 Primary X General Other (specify)		
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	NAME OF COMM AMERICAN SO	CIETY OF ANES	THESIOLO	GISTS F	POLITICAL AC	TION	COMM	IITTEE	_						
	Full Name (Last, F CANTOR FOR								e of D	Disburs	eme		38696		
	Mailing Address	P.O. BOX 178	13					O	8 ^M	/ D) ^D	/ Y	ž 0 1	0 ^Y	
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_															
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	•	CT CHRIS MURI	PHY					Dat	e of [Disburs	eme		38692	ν γ	
	Mailing Address	P.O. BOX 127						0 ^M	8 "	() ^D		ž 0 1	0	
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_	State. OT	2.01.101. 00	1								_				_
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S	CHEDULE B (FEC Form 3X)	Use separate schedu		NE NUMBER: PAGE 95 / 104							
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam								S		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL										
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	Mailing Address PO BOX 235280				0 ^M 8 M	[/] 0	D / Y	2 0 1	0 ^Y		
	City HONOLULU	State Zip Code HI 96823			Amount	of Each	Disburse	ment this			
	Purpose of Disbursement Candidate Name		_ [Catagory/				5000.00	, ,		
		ement For: 2010		Category/ Type							
	Senate President State: HI District: 01	Primary X General Other (specify) ▼	eral								
	Full Name (Last, First, Middle Initial) ESHOO FOR CONGRESS				Date of I	Disburse					
	Mailing Address 555 CAPITOL MALL #14			08	/ 1	8 / Y	ž 0 1	0 Y			
	City SACRAMENTO	State Zip Code CA 95814			Amount	of Each	Disburse	ment this	Period		
	Purpose of Disbursement							2000.00))		
	Candidate Name			Category/ Type							
	Office Sought: X House Senate President State: CA District: 14	ement For: 2010 Primary X General Other (specify)	eral								
	Full Name (Last, First, Middle Initial) FAMILIES FOR JAMES LANKFORD				Date of I	Disburse		88716			
	Mailing Address 16121 WINDRUSH PL				08	/ 1	D / Y	ž 0 1	0 Y		
	City EDMOND	State Zip Code OK 73013			Amount	of Each	Disburse	ment this			
	Purpose of Disbursement 2010 PRIMARY RUN-OFF Candidate Name		_ [Data gan /				2500.00)		
		ement For: 2010		Category/ Type							
	Senate President X	Primary Gene	eral								
<u></u>	State: OK District: 05 Runoff					•		9500.00	, , , , , , , , , , , , , , , , , , ,		
	UBTOTAL of Disbursements This Page (optional)							3000.00			
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В.

C.

CHEDULE B (FEC Form 3X)	Use separate sch	nedule(s)	_		NUMBI	ĒR:		PAG	E 96/	104	
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NAME OF COMMITTEE (In Full)	e and address of any	y political co	mmue	e io sc	DIICIL COIT	I SHOILIGHS I	IOIII Su	311 001	IIIIIIIII		—
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITIO	CAL ACTION	ON C	ОММ	ITTEE						
Full Name (Last, First, Middle Initial) FORTENBERRY FOR CONGRESS					Date	saction ID of Disburs	sement			_	
Mailing Address 1610 N STREET					0 ^M 8	M / D	1 1 /	Y	ž 0 1 () Y	
City LINCOLN	State Zip Co NE 6850				Amo	unt of Eac	h Disbu	ırseme	ent this I	Perio	d
Purpose of Disbursement	NE 6650	,			. [1	000.00)	П
Candidate Name			Catego	•							
Office Sought: X House Senate President State: NE District: 01		010 General	Type	•							
Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMF	'AIGN					saction ID			3720		
Mailing Address PO BOX 16128					0 ^M 8	M / D	1 8 /	Υ	ž 0 1 () ^Y	
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HUMBLE	TX 7722	2							2500.00	,	
Purpose of Disbursement									200.00	,	_
Candidate Name			Catego Type								
Senate President		010 General									
State: TX District: 29											
Full Name (Last, First, Middle Initial) GLACIER PAC					Date	of Disburs	sement			V	
Mailing Address 3242 CUMMINS WAY					0 ^M 8	M / D	25	Ľ.	ž 0 i (נ' מ	
City MISSOULA	State Zip Co MT 5980				Amo	unt of Eac	h Disbu	ırseme	ent this I	Perio	d
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SCHEDULE B (FEC Form 3X)

of any political con LITICAL ACTIO	ommittee to soli	22 X 23 24 25 26 28a 28b 28c 29 30 or the purpose of soliciting contributions cit contributions from such committee
Cip Code 54601 2010 Zing General	ION COMMIT	Transaction ID: SB23.88708 Date of Disbursement M M M / D D D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
Zip Code 54601 C 2010 X General	Category/	Transaction ID: SB23.88708 Date of Disbursement M M M / D D D Y Y Y Y O Y O Y O Y O Y O Y O Y O
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		Transaction ID: CD00 00700
		Transaction ID: SB23.88722 Date of Disbursement
		08
Zip Code 60093		Amount of Each Disbursement this Period
	•	5000.00
	Category/ Type	
2010 General y) ▼		
		Transaction ID: SB23.88707 Date of Disbursement
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27209		
27209		10500.00
	2010 X General	Type 2010 X General

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SCHEDULE B (FEC Form 3X) Use separate schedule(OR LIN			R:		P	AGE	98 /	104
TEMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	Ä	22 28a	X	23 28b	24 28c		25 29	26 30b
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 NAME OF COMMITTEE (In Full) 	e and addres	ss or any political	COIII	1111	iillee to s	OIIC	it Contr	ibuti	OHS IT	om such	COITH	muee	
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS F	POLITICAL AC	TIO	۸(COMN	/IIT	ГЕЕ						
Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS							Date of	of Di	sburse		.887	'18	
Mailing Address 21301 POWERLINE RD	#204						8 ^M 0	M	1	8 /	Ž	0 1 () ^Y
,	State FL	Zip Code 33433					Amou	nt of	Each	Disburse	-	-	
Purpose of Disbursement			Г	0	-			_			20	00.00)
Candidate Name					egory/ ype								
Senate X President	ment For: Primary Other (spe	2010 General											
State: FL District: 22						-							
Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS							Date		sburse				V
Mailing Address 21301 POWERLINE RD	#204						0 ^M 8	IVI /	1	8 / 8	2	010)
	State FL	Zip Code 33433					Amou	nt of	Each	Disburse	-		
Purpose of Disbursement					-			-			25	00.00)
Candidate Name					egory/ ype								
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State: FL District: 22													
Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS							Date		sburse				Υ
Mailing Address PO BOX 225							0 8		2	5 /	2	0 1 ()
	State NJ	Zip Code 07067					Amou	nt of	Each	Disburse	-		
Purpose of Disbursement			Г	0							50	00.00)
Candidate Name					egory/ ype								
Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2010 X General cify) ▼											
State: NJ District: 07													
SUBTOTAL of Disbursements This Page (optional) .					. •						95	00.00	

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	SBURSEMENTS	Detailed	category of the Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
					or the purpose of soliciting contributions licit contributions from such committee
NAME OF COM	·				
•	First, Middle Initial) CKBURN FOR CONG	RESS			Transaction ID: SB23.88728 Date of Disbursement
Mailing Address	PO BOX 682185				088 / 18 / 2010
City CHATTANOO	GA	State TN	Zip Code 37404		Amount of Each Disbursement this Period
Purpose of Disb					2000.00
Candidate Name				Category/ Type	
Office Sought:	Senate President	isbursement For: Primary Other (sp	2010 X General ecify)		
State: TN Full Name (Last.	District: 07 First, Middle Initial)				Transaction ID. CD00 00000
	IRICH FOR CONGRES	SS			Transaction ID: SB23.88693 Date of Disbursement
Mailing Address	2118 CENTRAL AV	/E SE #71			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & 1 & O \end{smallmatrix} $
City ALBUQUERQ	UE	State NM	Zip Code 87106		Amount of Each Disbursement this Perio
Purpose of Disb	ursement			•	2500.00
Candidate Name				Category/ Type	
Office Sought:	X House Di Senate President	sbursement For: Primary Other (sp	2010 X General ecify) ▼		
State: NM	District: 01				
,	First, Middle Initial) RGESS FOR CONGRE	ESS			Transaction ID: SB23.88700 Date of Disbursement
Mailing Address	P.O. BOX 2334				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City DENTON		State TX	Zip Code 76202		Amount of Each Disbursement this Perio
Purpose of Disb	ursement				2500.00
Candidate Name				Category/ Type	
Office Sought:	Senate	sbursement For: Primary Other (sp	2010 X General		
	President I				
State: TX	President District: 26				

Detailed Summary Page	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full) AMERICAN SCOIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MO BROOKS FOR CONGRESS Melling Address 7610 FOXFIRE DR City Sanate President Sanate Other (specify) ▼ City ALEXANDRIA VA 22314 Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Office Sought: Puresident Senate Disbursement For: 2010 Category' Type Office Sought: President State: Disbursement For: 2010 Category' Type Office Sought: President State: Disbursement For: 2010 Category' Type Office Sought: President State: Disbursement For: 2010 Category' Type Office Sought: President State: Disbursement For: 2010 Category' Type Office Sought: President State: Disbursement For: 2010 Category' Type Office Sought: President State: Disbursement For: 2010 Category' Type Office Sought: President State: Disbursement For: 2010 Category' Type Office Sought: President State: Disbursement For: 2010 Category' Type Office Sought: President State: Disbursement For: 2010 Category' Type Office Sought: New York State State State State State State Disbursement For: 2010 Category' Type Office Sought: New York State	ITEMIZED DISBURSEMENTS		21b	22 X 23 24 25 :
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MO BROOKS FOR CONGRESS Mailing Address 7610 FOXFIRE DR City HUNTSVILLE AL 255802 Purpose of Disbursement Candidate Name Office Sought: AltexanDria Va 2314 Purpose of Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) PROSPERITY PAC Mailing Address 1006 PENDLETON ST City ALEXANDRIA Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Office Sought: Full Name (Last, First, Middle Initial) PROSPERITY PAC Mailing Address 1006 PENDLETON ST City Candidate Name Office Sought: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) State: Full Name (Last, First, Middle Initial) State: Full Name (Last, First, Middle Initial) State: Full Name (Last, First, Middle Init				
Mailing Address 7610 FOXFIRE DR City State Zip Code AL 35802 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General Primary X General Propose of Disbursement City State: AL District: State: X District: Senate Primary X General Primary Gen	NAME OF COMMITTEE (In Full)	·		
Mailing Address 7610 FOXFIRE DR City HUNTSVILLE AL 35802 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: AL District: 05 Full Name (Last, First, Middle Initial) PROSPERITY PAC Mailing Address 1006 PENDLETON ST City ALEXANDRIA VA 22314 Purpose of Disbursement Senate Primary Va General Va 22314 Amount of Each Disbursement this Perivacy Type Transaction ID: SB23.88706 Date of Disbursement Date of Disbursement Date of Disbursement Senate Primary General Primary General Primary General Va 22314 Amount of Each Disbursement this Perivacy Type Transaction ID: SB23.88706 Date of Disbursement Date of Disbursement Date of Disbursement this Perivacy Type Transaction ID: SB23.88691 Date of Disbursement this Perivacy Type Transaction ID: SB23.88691 Date of Disbursement District: Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS Mailing Address Mailing Address P.O. BOX 11519 City CHARLESTON Va 25339 Purpose of Disbursement Candidate Name Office Sought: Y House Senate Primary A General District: State: WV 25339 Amount of Each Disbursement this Perivacy Type District: O2 Amount of Each Disbursement this Perivacy Amount of Each Disbursement this Perivacy Type District: O2 Subtotal of Disbursement this Perivacy Amount of Each Disbursement this Perivacy Type District: O2 Amount of Each Disbursement this Perivacy Amount of Each Disbursement this Perivacy Type District: O2 Disbursement For: 2010 Primary A General Disbursement this Perivacy Type District: O2 Disbursement This Perivacy Type Transaction ID: SB23.88691 Amount of Each Disbursement this Perivacy Type Transaction ID: SB23.88691 Date of Disbursement th				
HÜNTSVILLE AL 35802 Purpose of Disbursement Cardidate Name Office Sought:	Mailing Address 7610 FOXFIRE DR			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
Candidate Name Office Sought:				Amount of Each Disbursement this Period
Office Sought:	Purpose of Disbursement			5000.00
Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) PROSPERITY PAC Mailing Address 1006 PENDLETON ST City ALEXANDRIA VA 22314 Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Office Sought: House Senate President X Other (specify) ▼ City Mailing Address P.O. BOX 11519 City CHARLESTON State Zip Code Amount of Each Disbursement this Period Primary General Amount of Each Disbursement Total Control Disbursement Tot				
Full Name (Last, First, Middle Initial) PROSPERITY PAC Mailing Address 1006 PENDLETON ST City ALEXANDRIA VA 22314 Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Shelley Moore CAPITO FOR CONGRESS Mailing Address Mailing Address P.O. BOX 11519 City Category/ Type Transaction ID: SB23.88706 Date of Disbursement this Perion of Section 10 to 1 t	Senate President	Primary X General		
Mailing Address 1006 PENDLETON ST City ALEXANDRIA Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Disbursement For: 2010 Senate Primary General Possident Notic (specify) SHELLEY MOORE CAPITO FOR CONGRESS Mailing Address P.O. BOX 11519 City CHARLESTON Category/ Type Office Sought: X House Primary General Category/ Type City CHARLESTON Category/ Type Disbursement Candidate Name Category/ Type Disbursement Category/ Type Amount of Each Disbursement this Peri Date of Disbursement Mailing Address P.O. BOX 11519 Amount of Each Disbursement Category/ Type Amount of Each Disbursement this Peri Category/ Type Amount of Each Disbursement this Peri Category/ Type Amount of Each Disbursement this Peri Category/ Type Office Sought: X House Primary General Other (specify) Category/ Type Office Sought: X House Primary General Other (specify) Category/ Type Disbursement For: 2010 Category/ Type Amount of Each Disbursement this Peri Category/ Type 12500.00	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.88706
City ALEXANDRIA State Zip Code VA 22314				
ALEXANDRIA Purpose of Disbursement 2010 CONTRIBUTION Candidate Name Office Sought: House Senate Primary General Nother (specify) ▼ Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS Mailing Address P.O. BOX 11519 City State Zip Code CHARLESTON WV 25339 Purpose of Disbursement Candidate Name Office Sought: X House Primary X General Primary X General Disbursement This Period Charles of Disbursement Type Office Sought: X House Primary X General Other (specify) ▼ Substotal of Disbursements This Page (optional) ■ 12500.00	Mailing Address 1006 PENDLETON ST			2010
Transaction ID: SB23.88691 State: District: Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS Mailing Address P.O. BOX 11519 City State Zip Code CHARLESTON WV 25339 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General X Other (specify) ▼ Transaction ID: SB23.88691 Date of Disbursement 0 8				Amount of Each Disbursement this Period
Office Sought: House Senate Primary General X Other (specify) V State: District: Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS Mailing Address P.O. BOX 11519 City State Zip Code CHARLESTON WV 25339 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General Other (specify) V State: WV District: 02 Substortal of Disbursements This Page (optional) 12500.00	2010 CONTRIBUTION			5000.00
Senate Primary General X Other (specify) ▼ Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS Mailing Address P.O. BOX 11519 City State Zip Code CHARLESTON WV 25339 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General Other (specify) ▼ State: WV District: 02 SUBTOTAL of Disbursements This Page (optional)				
SHELLEY MOORE CAPITO FOR CONGRESS Mailing Address P.O. BOX 11519 City State Zip Code CHARLESTON WV 253339 Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: X House Senate Primary X General Primary X General Other (specify) State: WV District: 02 SUBTOTAL of Disbursements This Page (optional)	Senate President X	Primary General		
Mailing Address P.O. BOX 11519 City State Zip Code CHARLESTON WV 25339 Purpose of Disbursement Candidate Name Candidate Name Office Sought: X House Senate Primary X General President President State: WV District: 02 SUBTOTAL of Disbursements This Page (optional)		RESS		Date of Disbursement
CHARLESTON WV 25339 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate Primary X General Other (specify) State: WV District: 02 SUBTOTAL of Disbursements This Page (optional)	Mailing Address P.O. BOX 11519			08 0 4 2 0 1 0
Candidate Name Category/ Type Office Sought: X House Senate Primary X General Other (specify) State: WV District: 02 SUBTOTAL of Disbursements This Page (optional)				Amount of Each Disbursement this Perio
Office Sought: X House Senate Primary X General Other (specify) State: WV District: 02 SUBTOTAL of Disbursements This Page (optional)				2500.00
Senate Primary X General Other (specify) State: WV District: 02 SUBTOTAL of Disbursements This Page (optional)				
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary X General		
	-			12500.00

ry Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIO Full Name (Last, First, Middle Initial) TERRI SEWELL FOR CONGRESS Mailing Address PO BOX 1964 City BIRMINGHAM Purpose of Disbursement	Detailed S ments may no ne and addres	s of any political	committee to sol	22 X 23 24 25 28 28a 28b 28c 29 29 or the purpose of soliciting contributions licit contributions from such committee
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIO Full Name (Last, First, Middle Initial) TERRI SEWELL FOR CONGRESS Mailing Address PO BOX 1964 City BIRMINGHAM	LOGISTS P			TTEE Transaction ID: SB23.88733
TERRI SEWELL FOR CONGRESS Mailing Address PO BOX 1964 City BIRMINGHAM	State			
Mailing Address PO BOX 1964 City BIRMINGHAM	Stato			
BIRMINGHAM	State			$\begin{bmatrix} 0 & 8 & M & M & M & M & M & M & M & M & M$
Purpose of Disbursement	AL	Zip Code 35201		Amount of Each Disbursement this Period
·			•	2500.00
Candidate Name			Category/ Type	
Office Sought: X House Senate President State: AL District: 07	Primary Other (spec	2010 X General cify)		
Full Name (Last, First, Middle Initial) THOMPSON FOR CONGRESS				Transaction ID: SB23.88705 Date of Disbursement
Mailing Address 5429 MADISON AVE				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City SACRAMENTO	State CA	Zip Code 95841		Amount of Each Disbursement this Perio
Purpose of Disbursement				2500.00
Candidate Name			Category/ Type	
Office Sought: X House Senate President State: CA District: 01	Primary Other (spec	2010 X General cify) ▼		
Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS				Transaction ID: SB23.88699 Date of Disbursement
Mailing Address PO BOX 1682				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{bmatrix}$
City BURLINGTON	State VT	Zip Code 05402		Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 GENERAL AT-LARGE				3000.00
Candidate Name			Category/ Type	
Senate President	Primary Other (spec	2010 X General cify) ▼		
State: VT District: SUBTOTAL of Disbursements This Page (optional)	1			8000.00
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SCHEDULE B (FEC Form 3X)		R LINE NUMBER: PAGE 102 / 104
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ck only one) 21b
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial) WYDEN FOR SENATE		Transaction ID: SB23.88697 Date of Disbursement
Mailing Address 232 NE 9TH AVENUE		08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	tate Zip Code DR 97232	Amount of Each Disbursement this Period
Purpose of Disbursement		5000.00
Candidate Name	Catego Type	y/
Office Sought: House X Senate President Disburser	nent For: 2010 Primary X General Other (specify)	
State: OR District:		

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	—	87000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	ose separate schedule(s) for each category of the Detailed Summary Page	DR LINE NUMBER: heck only one) 21b 22 23 24 25 26 27 28a 28b 28c X 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTION	COMMITTEE
Full Name (Last, First, Middle Initial) GOVERNOR BRANSTAD 2010 COMMIT Mailing Address 3590 109TH STREET	EE	Transaction ID: SB29.88712 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City URBANDALE Purpose of Disbursement 2010 NON-FEDERAL CONTRIBUTION	State Zip Code IA 50322	Amount of Each Disbursement this Period 25000.00
Candidate Name	Cate Typ	
Senate President X	ement For: 2010 Primary General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	•	25000.00
TOTAL This Period (last page this line number only)	•	25000.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE FEC IDENTIFICATION NUMBER C C00255752	М ЗХ
O ********	•
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee DYNAMIC MARKETING, INC. Mailing Address 1145 W COLLINS AVE Date M M M O 8 Amount 64150.00	
City State Zip Code ORANGE CA 92867 Transaction ID: SE.94722 Office Sought: X House State:	MD
Purpose of Expenditure RADIO ADVERTISING EX- PENSES Category/ Type Senate District:	1
Name of Federal Candidate supported or Opposed by expenditure: ANDY HARRIS Check One: X Support Opposed Disbursement For: X Primary Gen	
Calendar Year-To-Date Per Election 64150.00 Other (specify): for Office Sought	

(a) SUBTOTAL of Itemized Independent Expenditures	64150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	64150.00
Under penalty of perjury I certify that the independent expenditures reported here or at the request or suggestion of, any candidate or authorized committee or ager committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
THOMAS CONWAY Signature	Date 01 01 2011